



Request for Application Fee Waiver

To Whom It May Concern:

I request a waiver of the University of Michigan-Flint \$30.00 application fee for one or more of the following reasons: (Please check all that apply)

- ___ Student qualifies for free or reduced breakfast/lunch
___ Student's household is eligible for USDA Food Stamp program
___ Student is a ward of the court
___ Other (Please specify)

I understand that a fee waiver granted from inaccurate data will result in cancellation of the waiver and the fee will be billed.

Student's Printed Name: Last First Middle

Student's Signature

Parent/Guardian Signature (If student under 18 years of age)

If applicant is a high school student:

Counselor/Principal Signature

High School Name City

Please return to: University of Michigan-Flint, Office of Undergraduate Admissions, 303 E Kearsley St, University Pavilion Suite 245, Flint MI 48502-1950, Fax: (810) 762-3272

University Use Only
Approve ___ Deny ___
By: ___
Date: ___