

## Request for an Application Fee Waiver

<ul> <li>□ Admission Application Fee \$30</li> <li>□ International Student Application F</li> <li>□ Bachelor's Application Fee \$25*</li> </ul>	Fee \$50	
*Note: BSN Program Application Fee not	eligible for fee waiver	
STUDENT: Print or type the information reque	ested and <i>personally</i> sign the Certification Statement	below.
CERTIFICATION STATEMENT: I certify that I me	eet one of the eligibility requirements to request a wa	aiver for the application fee.
STUDENT'S NAME	STUDENT'S SIGNATURE	MDID#
MDC EMAIL ADDRESS	PHONE NUMBER	
STUDENT DEAN OR DESIGNEE: Print or type the Student Dean or designee must <i>personally</i> sign th	e information requested and check one or more of the ne Certification Statement below.	e eligibility requirements.
CERTIFICATION STATEMENT: I certify that the s	student named on this form meets the eligibility requ	uirement(s) checked below.
NAME	SIGNATURE	
TITLE	CAMPUS	
<b>ELIGIBILITY REQUIREMENTS:</b> Student must m application fee waiver.	neet at least one of the following eligibility requireme	ents to qualify for an
☐ Student is a U.S. Veteran or active duty ☐ Student is seeking admission as a Dual E ☐ Student's family receives public assistan ☐ Student is living in federally subsidized p ☐ Student is a ward of the state or an orph ☐ Other (Explanation Below):	Enrollment/Early Admission Student. nce. public housing, a foster home or experiencing homelo	essness.



(Rev. 3/6/18)