



Salisbury University
 Office of Graduate Studies
 1101 Camden Avenue
 Salisbury, Maryland 21801
 Phone: 410-677-0047
 graduateadmissions@salisbury.edu

APPLICATION FEE WAIVER REQUEST FORM

(Return this completed form and supporting documentation to graduateadmissions@salisbury.edu)

Before completing this form, please read the policy on application fee waivers. This form only applies to SU graduate application fees; it does not cover any other application fees related to undergraduate admission, or any other program, department or university fees.

Please note that the application fee waiver must be approved prior to application submission. Salisbury University cannot refund any application fees paid in advance.

 Last Name, First Name, M.I.

 SU ID (if current or previous undergraduate)

 Mailing Address

 City, State, Zip

 Date of Birth

 Social Security Number (optional)

 Email Address

 Phone

 SU Graduate Degree Program

 Application Term (Ex: Fall 20xx)

FEE WAIVERS: The student must meet one of the following eligibility criteria and provide required documentation:

Financial Hardship – Letter verifying your Estimated Family Contribution (EFC) signed by you and a financial aid officer at your current institution OR Student Aid Report (SAR) (available from FAFSA website) from most recent year of study.

Program Participation – Signed Letter from a Program Director from one of the following: (AmeriCorps (service within 12 mos.), Peace Corps (service within 12 mos.), Gates Millennium Scholar, Fulbright Scholar, TRiO (Specify program): _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Applicant Signature: _____

Print Name: _____

Today's Date: _____

To be completed by Graduate Studies:

Decision: Approved Denied Date of Contact to Student: _____