



## Request for Admission Application Fee Waiver

The applicant must meet at least one of the indicators. If no item is checked, the request will be denied.

**FAX THIS FORM DIRECTLY TO THE SCHOOL OF GRADUATE AND PROFESSIONAL STUDIES AT (386) 481-2380.**

**STUDENT:** Print or type the information requested below. You must **personally** sign the Certification Statement.

**CERTIFICATION STATEMENT:** *I certify that I understand and meet all eligibility requirements to request an admission application fee waiver.*

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANTS ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**FEE WAIVER REQUIREMENTS:** The applicant must meet at least one of the following indicators. If no item is checked, the request will be denied.

- Code - hhRcQqP8bT**      Applicant is enrolled in a federal, state or local program.
- Code - RitkccgDth**      Applicant receives public assistance.
- Code - xNoViCAXen**      Student lives in federally subsidized public housing, or is homeless.
- Code - CeFGqccQGn**      Applicant is an employee of the university.
- Code - IdTDAMhgUx**      Applicant is a graduate of Bethune-Cookman University (within the past year)

**AUTHORIZED OFFICIAL:** Print or type the information requested below, and check the indicator(s) of economic need. You must **personally** sign the Certification Statement.

Given my knowledge of the applicant and after reviewing the eligibility guidelines, I approve waiving the application fee.

\_\_\_\_\_  
AUTHORIZED OFFICIAL'S NAME

\_\_\_\_\_  
AUTHORIZED OFFICIAL'S SIGNATURE

\_\_\_\_\_  
AUTHORIZED OFFICIAL'S TITLE

\_\_\_\_\_  
AUTHORIZED OFFICIAL'S EMAIL

\_\_\_\_\_  
PHONE