

Title

Request for Admission Application Fee Waiver

Phone Number

Please return form to: NSU Office of Admissions, 701 N Grand Ave., Tahlequah, OK 74464 Email to: admissions@nsuok.edu Fax to: 918.458.2342

Student Information:

Please clearly print the information requested below.

Certification Statement: I cand have completed this f	•		_	bility re	quirement	s outlined below
Student's First Name	.ddress					
	(_)		()	
Student's Signature	Stude	nt's Cell Ph	one Number	Stud	lent's Home	e Phone Number
Reason(s) for Waiver Request: Please mark one or more responses, indicating your eligibility to request a waiver. At least <u>one</u> option must be selected to be considered for a fee waiver and verified by the authorizing official below.						
Student is a participan	t in TRIO/SSS pro	ogram				(School Name)
Student has received	or is eligible for a	an ACT or S	AT testing fee w	vaiver.		
Student's annual famil and Nutrition Service.	y income falls w	ithin the in	come Eligibility	Guidelii	nes set by t	he USDA Food
Student's family receiv	es public assista	nce.				
Student lives in federally subsidized public housing, a foster home, or is homeless.						
Student is an orphan o	r ward of the sta	te.				
Other request from high school counselor, high school principal, or other community official who can attest to the student's circumstances. Please briefly explain why a waiver is being requested.						
Authorized School Official: Please clearly print the information requested below and select the reason(s) for requesting a waiver.						
Certification Statement: I certify that the above named student is known by me and meets the requirement(s) checked above, qualifying them to request an application fee waiver.						
Authorized School Official	s Name		Signature			

Email