

## Office of Undergraduate Admissions

P.O. Box 02759 Detroit, MI 48202 Phone: 313-577-2100 Fax: 313-577-7536

## FEE WAIVER FORM

App	plicant's name		N. C. I. II.
		First	Middle
Add	dress		
City	y	State	ZIP Code
Applicant must meet at least one of the following reasons showing economic need. Do not submit this form unless at least one reason is checked.			
	Applicant has received or is eligible to receive an ACT or SAT testing fee waiver.		
	Applicant is enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).		
	Applicant's annual family income falls within the Income Eligibility Guidelines set by the USDA Food and Nutrition Service.		
	Applicant is enrolled in a federal, state or local program that aids students from low-income families (e.g. TRIO programs such as Upward Bound).		
	Applicant is in foster care or homeless.		
	Applicant is a ward of the state or an orphan.		
	Other. Please state the specific reason why applicant should be eligible for waiver if the reasons above are not applicable.		
High school counselor/school official  Please enter your name and contact information in case we need to follow up with you concerning the waiver request.			
Naı	me Last	First	Middle
Ti+l			
Title Email			
Phone			
School name			
Signature			

## Mail or fax

Mail: Office of Undergraduate Admissions, P.O. Box 02759, Detroit, MI 48202

Fax: 313-577-7536