

MICHIGAN STATE  
UNIVERSITY

**Office of Admissions and Scholarships**

**REQUEST FOR WAIVER OF APPLICATION FEE**

If you are financially unable to submit the application processing fee to accompany your application for admission, please complete this form and attach it to your application.

Student's Name \_\_\_\_\_  
Last First Middle

Check One:  Dependent Student  Independent Student

For last calendar year \_\_\_\_\_ the actual family income was \$ \_\_\_\_\_  
No. in family was \_\_\_\_\_

For this calendar year \_\_\_\_\_ the estimated family income is \$ \_\_\_\_\_  
No. in family is \_\_\_\_\_

If you are granted an application fee waiver on inaccurate data, your fee waiver will be cancelled and you will be billed. This information will be compared with financial aid data for accuracy.

**NOTE:** The application fee must be waived or received prior to the application deadline date for the desired term if the application is to be processed.

\_\_\_\_\_  
Parent's Signature (if dependent student) Date  
Student's Signature (if independent student)