

Name of school/college or agency and address

Mail this form to:

Office of Admissions 1217 University of Oregon Eugene, OR 97403-1217

Fax to: 541-346-5815

Email to:

uoadmit@uoregon.edu

APPLICATION FEE WAIVER REQUEST

This form is for freshmen and transfer applicants. Please submit this form after submitting the application for admission. To request an application fee waiver:

Check any items below that apply to you

•	Sign and date the student authorization section		
•	 Provide documentation or authorization by a school, college or, agency official that verifies this information is correct. 		
	information is correct.		
Full nam	e of applicant (Please Print)	UO ID, which start with "95"	
CHECK	ANY ITEMS THAT APPLY TO YOU. THEN, READ A	AND SIGN THE STUDENT AUTHORIZATION.	
	I have attached an SAT (College Board) or ACT fee	e waiver.	
	I am enrolled in or am eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).		
	I am on state or federal public assistance.		
\Box I live in federally subsidized public housing, a foster home or am homeless and have attached a Fo		ter home or am homeless and have attached a Foster	
	Youth Tuition and fee waiver or other documentation.		
	I have attached a National Association of College Admissions Counselors (NACAC) fee waiver form		
	signed by a school official, college access counselor, or financial aid officer.		
	I have Pell Grant-eligible status as provided on FA	AFSA-related documents. Note: If the FAFSA has not	
	yet been submitted to the UO, have an official at y	your current college verify and sign below.	
	There are other factors illustrating financial hardship and I will submit that request to the Office of		
	Admissions for review.		
STUDE	NT AUTHORIZATION		
		etermined to have genuine financial need. Prospective	
	s who are classified as international applicants are		
		ntially eligible for the state's Tuition Equity Program	
can be	granted a waiver on a case-by-case basis. The Office	e of Admissions administers the application fee waiver	
prograr	n. The director of admissions may add, remove, or m	nodify methods of confirmation as needed over time.	
I reque	st that the University of Oregon waive my admissic	on application fee.	
Student signature		Date	
SCHOO	L/COLLEGE/AGENCY OFFICIAL SECTION: Your sig	anature below verifies that the above student is	
	for consideration of an application fee waiver base		
Name of	school/college counselor or agency official	Job title	
Signatur	e of school/college or agency official	Email address	