

# Request for Waiver or Deferral of College Admission Application Fee

This form must be signed by both the student and an authorized high school official.

Directions to High School Official: Photocopy this page and complete the form for individual students for whom payment of the admission application fee will be a hardship.

Directions to Student: Send this completed form along with your college application to the institutions to which you wish to apply. Keep in mind that individual institutions may consider the request but are **not** obligated to waive or defer payment.

TO: Director of Admissions

\_\_\_\_\_ (printed name of college/university)

RE: \_\_\_\_\_ (printed name of student)

**High School Official's Statement:** Please consider waiving or deferring payment of the college admission application fee for the student named above. This student has applied for a waiver of the ACT test fee on the basis of one or more of the indicators of economic need adopted by ACT. Based on my knowledge of the student's circumstances, I believe that payment of the college admission application fee would be a hardship.

\_\_\_\_\_  
Signature of high school official

\_\_\_\_\_  
Printed name of high school

\_\_\_\_\_  
Printed name of high school official

\_\_\_\_\_  
High school telephone number

**Student's Statement:** Please consider waiving or deferring payment of my college admission application fee. I certify that I meet the guidelines for economic need required for a waiver of the ACT test fee. Furthermore, I agree to adhere to all policies your institution may have related to waiving or deferring the college admission application fee.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Student's Social Security number (optional)

\_\_\_\_\_  
Student's street address

\_\_\_\_\_  
Student's city, state, and ZIP code

\_\_\_\_\_  
Student's email address

**(Do not use this form to request waiver of ACT test fees; do not send this form to ACT.)**

