

Request for an Application Fee Waiver

☐ International Student Application Fee \$50

☐ Admission Application Fee \$30

☐ Bachelor's Application Fee \$25

STUDENT: Print or type the information requested below.		
CERTIFICATION STATEMENT: I certify that	I meet one of the eligibility requirements to request a waive	er for the application fee.
STUDENT'S NAME	STUDENT'S SIGNATURE	MDID#
MDC EMAIL ADDRESS	TELEPHONE NUMBER	
STUDENT DEAN OR DESIGNEE: Print or typ Student Dean or designee must <i>personally</i> sigr	e the information requested and check one or more of the e n the Certification Statement below.	ligibility requirements.
CERTIFICATION STATEMENT: I certify that t	he student named on this form meets the eligibility require	ment(s) checked below.
NAME	SIGNATURE	
TITLE	CAMPUS	
ELIGIBILITY REQUIREMENTS: Student mu application fee waiver. Supporting docum	st meet at least one of the following eligibility requirements entation must be provided.	s to qualify for an
☐ Student or family is receiving public	ual Enrollment/Early Admission Student. assistance (Department of Children and Families (DCF) forn ed public housing, a foster home or experiencing homelessi orphan.	

Revised: 3/6/18

Last Revision Date: 6/28/22