

## West Virginia University

## **Request for Application Fee Waiver**

To: Director of Admissions

As a secondary school member of the N a state and regional affiliate, I am reque		
Name of Student		
Given my knowledge of this student's fapplication fee would present a hardship have indicated why this application fee this important educational opportunity application fee waiver.	o. I have reviewed the suggested gui waiver is necessary. I am eager to h	idelines below and elp this student pursue
		/
Signature of Counselor	Signature of Student	Date of Birth
Printed Name of Counselor	Name of Secondary School	
Counselor's Email	Secondary School Phone Number	
Secondary School Fax	(304) 293-8832 WVU Fax	
Application Fee Waiver Guidelines		
Student receives or would qualify	for free or reduced lunch	
Student has received or would qual and/or ACT.	lify for a test fee waiver from the Co	ollege Board (SAT)
Other (please explain below)		