



## Request for Waiver of Admissions Fee

### PERSONAL INFORMATION

Student Name (Last, First, Middle)

Marshall ID or Social Security Number

Date of Birth (MM/DD/YY)

**My circumstances for requesting this fee waiver are:**

Applicant's Signature

Date

### HIGH SCHOOL INFORMATION

*Complete this section only if you are currently enrolled in high school.*

**High school from which waiver was received (if applicable):**

High School

Address

City

State

ZIP

**Name and signature of high school counselor, principal or school official making recommendation:**

Please Print Name

Signature

### OFFICE USE ONLY

EFC: \_\_\_\_\_  
(if applicable)

Granted

Comments:

Denied

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed form to:**  
Marshall University | Undergraduate Admissions  
One John Marshall Drive | Huntington, WV 25755-2020  
[admissions@marshall.edu](mailto:admissions@marshall.edu)  
304-696-3135 (fax)