

REQUEST FOR APPLICATION FEE WAIVER – TRANSFER STUDENT, ADULT FIRST-YEAR

Date \_\_\_\_\_

Name \_\_\_\_\_ NUID \_\_\_\_\_

To UNO Undergraduate Admissions Office  
6001 Doge St. EAB 111  
Omaha, NE 68182

I believe providing the application fee would present a hardship. Please grant an application fee waiver based on the following:

- ┆ Federal low income assistance programs such as: AFDC (Aid for Dependent Children), AABD (Aid to the Aged, Blind and Disabled), Medicaid, Food Stamps, and federally assisted child care.
- ┆ Documentation of participation in one of the federally funded Educational Opportunity Programs (TRIO) for low-income/first generation students.
- ┆ A copy of your Financial Aid Award letter from your previous school confirming you were Pell Grant eligible within the last two years.
- ┆ Student Aid Report (SAR) printed from [fafsa.ed.gov](http://fafsa.ed.gov)

Provide a copy of your benefits summary confirming you, the student, receive benefits from a health and human services program based on low-income.

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Signature of Requester