

APPLICATION FEE WAIVER FORM



UNIVERSITY of DENVER

Instructions for Counselors/School Officials: Please complete this form and return it to our International Student Admission email: INTLADM@du.edu. If available, please use an email address associated with your academic institution.

Applicant Information:

Surname (Last Name): _____ First Name: _____

Date of Birth (mm/dd/yyyy) : _____ Citizenship: _____

Applicant ID (if known): _____ Email: _____

Applicant must meet at least one of the following to demonstrate economic need. Please select which reason(s) below apply to this student. At least one reason is required.

- Student's family receives public assistance.
- Student lives in federally subsidized public housing, a foster home or is homeless.
- Student is a ward of the state or an orphan.
- Student has received or is eligible to receive an ACT or SAT testing fee waiver.
- Other: Please list the reasons that would qualify the student for an application fee waiver if not mentioned above.

School Official Information: Please provide us with your contact information in case we need to follow up with you.

Surname (Last Name): _____ First Name: _____

Title: _____ Academic Institution: _____

Email (official school account): _____ Phone: _____

*This form will be reviewed by a University of Denver counselor before a fee waiver will be approved.
Please allow a week for this form to be processed.*