



REQUEST FOR WAIVER OR DEFERRAL

College Admission Application Fee

This form must be signed by both the student and an authorized high school official.

Directions to High School Official: Photocopy this page and complete the form for individual students for whom payment of the admission application fee will be a hardship.

Directions to Student: Send this completed form along with your college application to the institutions to which you wish to apply. *Note: Individual institutions may consider the request but are not obligated to waive or defer payment.*

To: Director of Admissions

Printed Name of College/University

Printed Name of Student

High School Official's Statement: *Please consider waiving or deferring payment of the college admission application fee for the student named above. This student has applied for a waiver of the ACT® test fee on the basis of one or more of the indicators of economic need adopted by ACT. Based on my knowledge of the student's circumstances, I believe that payment of the college admission application fee would be a hardship.*

Student's Statement: *Please consider waiving or deferring payment of my college admission application fee. I certify that I meet the guidelines for economic need required for a waiver of the ACT test fee. Furthermore, I agree to adhere to all policies your institution may have related to waiving or deferring the college admission application fee.*

Signature of High School Official

Signature of Student

Printed Name of High School Official

Student ID Number (optional)

Printed Name of High School

Student Street Address

High School Phone

Student City State ZIP Code

Student Email

Do not use this form to request a waiver of ACT test fees; do not send this form to ACT.