



Boston University Financial Assistance

**GRADUATE SCHOOL APPLICATION FEE
WAIVER REQUEST**

Please print your name and local address below:

Date: _____

BU I.D. # U ____ - ____ - _____

Phone _____

Boston University School/College: _____

Year of Graduation: _____

Are you presently receiving financial aid at BU?
(i.e.: Grants, Scholarships, Perkins and/or Stafford Loan, Work-Study)

Yes ___ No ___

Student Signature: _____ Date: _____

Note: Only students who are receiving financial aid at Boston University and are eligible for the Federal Pell Grant for the current academic year will be considered for a fee waiver.

Complete and return to:

*BU Financial Assistance
881 Commonwealth Avenue
Fifth Floor
Boston Massachusetts 02215*

*Call: 617-353-2965
Fax: 617-353-2792
Email: finaid@bu.edu
Website: bu.edu/finaid*

Boston University Financial Assistance
USE ONLY BELOW THIS LINE

_____ Application fee waiver approved. Letter enclosed.

_____ Application fee waiver denied for the following reason(s):

_____ You are not receiving financial aid for the current academic year.

_____ You are not eligible for the Federal Pell Grant for the current academic year, based on your family contribution, calculated in accordance with federal regulations.

Reviewed by: _____
Graduate School Application Fee
Waiver Coordinator

Date: _____