BOSTON COLLEGE

GRADUATE SCHOOL OF ARTS AND SCIENCES

Send Document To:
Boston College Graduate School of Arts & Sciences
Admissions Processing Center
P.O. Box 229
Randolph, MA 02368-9998

APPLICATION FEE WAIVER REQUEST

EAGLE ID (E-MAILED TO YOU AFTER YOU SUBMITTED THE APPLICATION FORM): ☐☐☐☐☐☐☐☐

DATE OF BIRTH: ☐☐-☐☐-☐☐☐☐
MM DD YYYY

LEGAL NAME: _____ _____ _____
LAST/ FAMILY NAME FIRST MI

DEPARTMENT APPLYING TO: _____ PROGRAM OF STUDY: _____

DEGREE SOUGHT: _____ INTENDED TERM OF ENTRY: _____

E-MAIL ADDRESS: _____

REQUIREMENTS FOR THIS FORM:

Applications who wish to apply for an application fee waiver must be a current undergraduate student, for whom the fee would constitute a serious hardship. This request will only be considered if it includes a letter by the chief financial aid officer of the applicant's college or university.

TO BE COMPLETED BY THE CHIEF FINANCIAL AID OFFICER

SIGNATURE _____ DATE _____