

If the application fee presents a hardship to you and/or your family and you are a U.S. citizen or a U.S. permanent resident, you may be eligible for an application fee waiver. To apply for a fee waiver, please complete the following form and return it by the appropriate deadline.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

*I certify that the information presented in this form is accurate, and that payment of the application fee would pose a financial hardship. I authorize the financial aid office at my current/most recently attended institution to release information relating to my financial need.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY A COLLEGE/UNIVERSITY OFFICIAL

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I certify that the \$80 Boston College application fee would pose a financial hardship to the student referenced above.*

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the completed form to:

Boston College Transfer Admission Processing Center  
P.O. Box 67485  
Chestnut Hill, MA 02467