BOSTON COLLEGE

GRADUATE SCHOOL OF ARTS AND SCIENCES

Send Document To:
Boston College Graduate School of Arts & Sciences
Gasson 108
140 Commonwealth Ave.
Chestnut Hill, MA 02467

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:

Applicants 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 from an official verifying qualification for the applicant's fee waiver. A separate letter may be included with this form or completed in the space below.

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SIGNATURE DATE