



# 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