

GRE FEE WAIVER REQUEST FORM

2015-2016

Expected Exam Date: _____

Name: _____ G Number _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Local Telephone Number: _____

Classification: _____ Anticipated Graduation Date: _____

Date Bachelor's Degree Received: _____

Student Signature

Today's Date

Important Notice

Please allow two working days for your official response. Waiver is granted one time only and cannot be reissued.

Office Use

Eligible: _____

Not Eligible: _____ Independent Student with EFC >1900

_____ Dependent student with EFC >1500

_____ Not a U.S. Citizen or Resident Alien

_____ Previously applied

_____ No ISIR

_____ Graduate Student