



Term: Fall Spring Summer Year: _____

Tech ID or StarID: _____ Date: _____

Address: _____

Street *City* *State* *Zip*

Phone: _____ Email Address: _____

Other financial hardship circumstance - Please explain and provide documentation / verification*:

Student Signature: _____ Date: _____

Office Use Only

I do not approve this request, and the application fee will not be waived at this time: _____

Reviewed by: _____
Please print name

Authorized Signature: _____ Date: _____