

Request for an Application Fee Waiver

☐ International Student Application Fee \$50

☐ Admission Application Fee \$30

☐ Bachelor's Application Fee \$25		
Important Notes: BSN Program Application Fee is not eligible for fee wa Student must be enrolled and maintain the enrollmen		ion fee is incurred.
STUDENT: Print or type the information requested bel	low.	
CERTIFICATION STATEMENT: I certify that I meet one	of the eligibility requirements to request a wa	aiver for the application fee.
STUDENT'S NAME	STUDENT'S SIGNATURE	MDID#
MDC EMAIL ADDRESS	TELEPHONE NUMBER	
STUDENT DEAN OR DESIGNEE: Print or type the inforr Student Dean or designee must <i>personally</i> sign the Certifi		e eligibility requirements.
CERTIFICATION STATEMENT: I certify that the student	named on this form meets the eligibility requi	irement(s) checked below.
NAME	SIGNATURE	
TITLE	CAMPUS	
ELIGIBILITY REQUIREMENTS: Student must meet at application fee waiver. Supporting documentation m	least one of the following eligibility requiremenust be provided.	ents to qualify for an
☐ Student is a U.S. Veteran or active duty military ☐ Student or family is receiving public assistance. ☐ Student is living in federally subsidized public h ☐ Student is a ward of the state, an orphan, or is Student is a MDC Employee or Retiree	nousing or experiencing homelessness.	
Comments:		



Revised: 6/12/2024