



GRE FEE WAIVER REDUCTION FORM

This waiver requires that the student must submit the Free Application for Federal Student Aid (FAFSA) to be eligible to apply for the GRE Fee Waiver Reduction. Applicant must be either an **enrolled college senior or non-enrolled college graduate**. (NON-ENROLLED COLLEGE GRADUATES MUST ALSO COMPLETE THE FAFSA.)

Name _____

Address _____

City _____ State _____ Zip Code _____

FAU Z Number _____ SS# _____

Signature _____ Date _____

Please indicate if you will be picking up the completed waiver or if you would like for us to mail the results to you **IMPORTANT: If the results are mailed, and you do not receive it, you may NOT request a second GRE Fee Waiver. GRE Fee Waivers can only be requested once a year.**

_____ Yes, I would like to pick-up my GRE Fee Waiver results.

_____ No, I will not be picking up my GRE Fee Waiver results, please mail the results to the address listed above.

Counselor's reply

_____ Your request for the GRE Fee Waiver **(Has been approved)**.

_____ Your request for the GRE Fee Waiver **(Has been denied)**. See **comments below**.

COMMENTS: _____

COUNSELOR

DATE