

Application Fee Waiver Request

Na	me of Student:						
So	cial Security Number:						
Ηiς	gh School/College:						
Application Type:			Freshman		Transfer		International
Re	ason for Application Fee Wai	<u>/er</u>					
	Participation in approved pro	proved program:					
	Financial or extenuating circumstances—Please provide an explanation of the situation in the space provided:						
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Na	me of Counselor/Sponsor:						
Siç	nature of Counselor/Sponsor	:					
Те	lephone Number:						
Email Address:							

James Madison University Office of Admissions Mail to:

Application Fee Waiver Request MSC 0101

Harrisonburg, VA 22807