



Application Fee Waiver Request Form

1. Complete sections I, II, and III
2. Have your verifying official (e.g. high school counselor, principal, case worker) complete section IV
3. Complete UH System online application at apply.hawaii.edu. **Do not complete** Application Fee Information section of the application.
4. Attach any additional documents that support your request.

Approval of this form is accepted in lieu of the admission application fee. Application fees already paid prior to submitting this form are non-refundable and non-transferable.

I. STUDENT INFORMATION

Application Semester / Year	Legal Name (Last, First MI)	Email		
Login ID for UH System Online Application	UH ID	Date of Birth (mm/dd)	Telephone	
Street Address	City	State	Zip	

II. REASON FOR REQUEST

- A. I participate in the free/reduced lunch program at my high school
- B. I receive assistance under the Temporary Assistance to Needy Families (TANF) or Temporary Assist to Other Needy Families (TAONF) program.
- C. My family receives assistance from SNAP (Supplementary Nutrition Assistance Program, formerly the federal Food Stamp Program) and I am claimed as a dependent on my parents'/legal guardians' personal income tax.
- D. I am returning to UH West O'ahu after an absence of at least one fall or spring semester without having attended another college or university (except summers or adult extension classes) in the interim (complete Step III, skip Step IV).
- E. Other (please specify): _____

III. STUDENT CERTIFICATION

I certify that the responses provided on this request form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in my rescission of my admission. I agree to produce certified documents to substantiate my reasoning for my request to waive the application fee.

Student Signature

Date

IV. VERIFICATION BY AUTHORIZED OFFICIAL

This section must be completed by your high school counselor, principal, or case worker. Additional documentation may be required.

Printed Name	Title		
Name of Institution / Agency / Dept	Telephone	Email	

I certify that the applicant's claim in section II. Reason for Request is accurate to the best of my knowledge.

Signature

Date

Office Use Only	
UH ID: _____	
Approved	Denied
Initials: _____	Date: _____