

VERIFICATION OF STUDENT FINANCIAL BACKGROUND AND STATUS

for Application Fee Waiver to the University of Iowa Graduate College

To be completed by the Prospective Student. Please ensure that both sections of this form are complete before submitting.

Name:

Last (family or surname)

First (given name)

Middle

Email:

Graduate Program to which you are applying:

Semester/Year to which you are applying:

I request that

(Name of Institution)

provide the information

below so that I may be considered for an application fee waiver.

Signature

Date:

To be completed by the Financial Aid Office at your undergraduate or current institution.

I certify that the above-named student (check all that apply):

- Is receiving financial aid and paying the application fee would present a financial hardship.
- Shows other evidence of having grown up in a substantially low-income/economically disadvantaged family. Please explain:

Name/Title:

Signature: _____ Date:

Email:

Institutional stamp: