



BROWN Graduate School *Forms*

Brown University
Box 1867
Providence, RI 02912
tel: 401 863-2600
fax: 401 863-7341
Graduate_School@brown.edu

APPLICATION FEE WAIVER REQUEST

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____ CURRENT INSTITUTION: _____

PROGRAM APPLYING FOR: _____

APPLICATION DEADLINE: _____

TO MATRICULATE IN THE FALL SPRING SUMMER OF YEAR: _____

CITIZENSHIP: U.S. OTHER *(non-US citizens are not eligible for fee waivers)*

SECTION ONE: PROGRAM PARTICIPATION

Check the box of the organization in which you are a member and indicate the year of your participation. Please send appropriate documentation regarding your participation in the program indicated.

Leadership Alliance (year:_____)

IRT (year:_____)

Project 1000 (year:_____)

CIC (year:_____)

McNair (year:_____)

GEM (year:_____)

Fulbright/IIE Fellows (year:_____)

VEF (year:_____)

Gates Millenium Scholarship (year:_____)

MMUF (year:_____)

Other; please explain below (year:_____)

PPIA (year:_____)

GS USE ONLY:

SECTION TWO: FINANCIAL NEED

FAFSA attached

Other support documentation (please limit to 2 pages)

Financial need: please explain

Applicant signature

Date