

**Application Fee Waiver Request**  
**University of Wisconsin-Platteville Education Abroad**

Each education abroad application submitted to the UW-Platteville Education Abroad (EA) Office requires a \$50 application fee. A limited number of application fee waivers are available for applicants with extreme financial hardship (for example, students who are Pell Grant eligible). To request a waiver of your EA application fee, submit this form to the Education Abroad Office at [studyabroad@uwplatt.edu](mailto:studyabroad@uwplatt.edu). Your request will be reviewed and you will be notified of the outcome of your request within 10 business days.

**APPLICANT** (To be completed by the individual applying for an Education Abroad program.)

Applicant Name: First: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last (Family): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Area Code & Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please state the reasons you are requesting a waiver.

I certify that the information in this form is true and correct to the best of my knowledge, and that payment of the application fee would pose a financial hardship. I authorize the Financial Aid Office to release information relating to my financial need to the Education Abroad Office if requested.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if applicant is under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFYING OFFICIAL** (To be completed by a university or agency official who can verify financial hardship.)

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Agency/ Institution: \_\_\_\_\_

Area Code & Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Please state your knowledge of the financial need of the applicant. (Examples of financial hardship may include, but not be limited to, unemployment (of parent/guardian if dependent, or of self if independent); and/or low income in relation to family size.

Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Education Abroad Official: Date:  Waiver Granted

Waiver Denied

Comments: