



Request for Waiver of College Application Fee

One Riverside Dr.
East Hartford, CT 06118

To: Office of High School Admissions at Goodwin College

From: _____
Name of Student (Please Print)

I hereby request consideration for the waiving of my application fee to Goodwin College.

Student's Signature _____

THIS PORTION TO BE COMPLETED BY THE PERSON AUTHORIZED TO GRANT COLLEGE FEE WAIVERS:

I certify, that to the best of my knowledge, the student named on this form is eligible for the College Fee Waiver.

Signature of Counselor, Principal or other School Official

Name of High School

Print name of Counselor, Principal or other school official

Contact phone number

Goodwin College Code

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