

Northeastern

I L L I N O I S U N I V E R S I T Y

Application Fee Waiver Request

Please waive the Northeastern Illinois University undergraduate application fee for:

Student Name _____ Date _____

Student Signature _____ School _____

This section below must be filled out and signed by your **high school counselor**.

The above student qualifies for an application fee waiver for one, or more, of the following reasons:

- Student is a participant in the free or reduced lunch program
- Low income
- Family is supported by public assistance
- Parents/Guardians are unemployed
- Other: _____

Counselor's Name (print): _____ Phone: _____

Counselor's Signature: _____ Date: _____

By signing this document the Counselor verifies to the best of his/her ability that this information is accurate at the time of signature.

The Application Fee Waiver Request must be sent **with** the Admission Application to:

Northeastern Illinois University
Admissions Office, D113
5500 N. St. Louis
Chicago, IL 60625