

FEE WAIVER REQUEST FORM INTERNATIONAL APPLICANTS

First Name:		MI:	Last Name:		
SOPHAS ID #:					
Address	:				
City:		Country:			
Phone:		Cell	Home	Work	
Email:					
I am requesting a fee waiver for my SOPHAS application and I understand the following terms:					
②	SOPHAS must receive and process my fee waiver request before I submit my application.				
②	This fee waiver is only available to international applicants who are citizens of and currently reside in one of the countries on the United Nations Least Developed Countries List .				
②	Fee waivers are awarded on a first-come, first-served basis. There are a limited number of fee waivers available.				
②	If awarded, this fee waiver covers only the initial application fee (\$145).				
②	If awarded, the WES discount applies to WES evaluation fees. I am responsible for the remainder of any WES evaluation fees.				
②	Any questions related to the WES disco	ount must be	e sent to WES	5 .	
	I am requesting a fee waiver for the initial SOPHAS application fee.				
	I am requesting an \$80 credit for a WES course-by-course evaluation.				
My country of citizenship is:					
	I read the Fee Waiver instructions and u	inderstand t	he fee waive	r process.	
Signatu	re:				Date:

→ Upload a completed and signed form in your SOPHAS application under Fee Waiver Form.

All fee waivers expire after 14 days.