

FEE WAIVER REQUEST FORM GATES MILLENNIUM SCHOLARS AND ALUMNI

First Name:		MI:	Last Name:		
PSYCAS ID #:					
Address:					
City:		State:		Zip Code:	
Phone:		Cell	Home Wo	rk	
Email:					
I am requesting a fee waiver for my PSYCAS application and I understand the following terms:					
②	PSYCAS must receive and process my fee waiver request before I submit my application.				
Ø	This fee waiver is only available to Gates Millennium scholars who are in good standing and currently enrolled in undergraduate courses.				
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 the cost of the first three programs I apply to (\$80, \$40, and \$40, for a total of \$160).				
②	This fee waiver cannot be used for any program supplemental application fees.				
GATES MILLENNIUM SCHOLARS COORDINATOR					
I certify that the individual identified above is a Gates Millennium scholar in good standing and is currently enrolled in undergraduate courses and therefore eligible for a PSYCAS waiver of three designations.					
Name, Institution, and Title:					
Signatu	ire:				Date:
I am a Gates Millennium scholar in good standing who is <u>currently enrolled</u> in undergraduate courses: Yes No					
	I read the <u>Fee Waiver instructions</u> and understand the fee waiver process. Additionally, I understand that my fee waiver request is not considered complete until the Gates Millennium Scholars Coordinator signs this form.				
Signatu	re:				Date:

^{ightharpoonup} Upload a completed and signed form in your PSYCAS application under Fee Assistance Program.