

## FEE WAIVER REQUEST FORM LEADERSHIP ALLIANCE SR-EIP ALUMNI

|              |        |            |
|--------------|--------|------------|
| First Name:  | MI:    | Last Name: |
| SOPHAS ID #: |        |            |
| Address:     |        |            |
| City:        | State: | Zip Code:  |
| Phone:       | Cell   | Home       |
|              |        | Work       |
| Email:       |        |            |

I am requesting a fee waiver for my SOPHAS application and I understand the following terms:

- SOPHAS must receive and process my fee waiver request before I submit my application.
- This fee waiver is only available to Leadership Alliance Summer Research-Early Identification Program (SR-EIP) alumni in good standing.
- Fee waivers are awarded on a first-come, first-served basis. There are a limited number of fee waivers available.
- If awarded, this fee waiver covers only the initial application fee (\$145).

### LEADERSHIP ALLIANCE COORDINATOR

I certify that the individual identified above is a Leadership Alliance Summer Research-Early Identification Program (SR-EIP) alumni in good standing and therefore eligible for a SOPHAS fee waiver of one designation.

Name, Institution, and Title:

Signature:

Date:

I am a Leadership Alliance SR-EIP alumni: Yes      No

I read the [Fee Waiver instructions](#) and understand the fee waiver process. Additionally, I understand that my fee waiver request is not considered complete until the Leadership Alliance Coordinator signs this form.

Signature:

Date:

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

All fee waivers expire after 14 days.