

REQUEST FOR APPLICATION FEE WAIVER

Yale School of Drama Online Applicant Number: _____

NAME OF APPLICANT

CURRENT ADDRESS

PROPOSED DEPARTMENT OF STUDY: _____

- I.** For applicants currently enrolled in a college or university:
(To be completed by your Financial Aid Officer)

The student named above has requested a waiver of the application fee required of all applicants to the Yale School of Drama. If you concur that payment of this fee would be a financial hardship for the student, we would appreciate your certification below. The application fee is \$110 for all programs including Special Student Status and Special Research Fellow. A \$50 fee is charged to applicants applying for the one-year Technical Internship Certificate program.

College or University

Signature of Financial Aid Officer

Date

Type or Print Name

- II.** For applicants who are not currently enrolled in a college or university:

Please explain and provide documentation to a Notary Public to indicate that the payment of the application fee for the Yale School of Drama would be a considerable financial hardship. You may provide the Notary with an indication that you are currently not employed, that you cannot maintain a savings account, or similar reasons.

Signature of Applicant
Notary Seal:

Signature of Notary Public
Sworn to and subscribed before me
this _____ day of _____, 20__

My commission expires _____.

Please return the original form to the address above.