

APPENDIX K
- Waiver Request Form -

Southern Connecticut State University

CENTER FOR COMMUNICATION DISORDERS

Request for Waiver or Reduction in Fees

This statement is made in support of a request for

a waiver of fees

a reduction in fees

charged by the Center for Communication Disorders at Southern Connecticut State University for services provided or to be provided to _____

during the _____ semester of _____.

The Number of exemptions in my family as reported on the last Federal Income Tax report(s) filed by me and/or my parents or guardians was _____.

The total adjusted gross income before deductions as reported on the last Federal Income Tax report(s) filed by me and/or my parents or guardians was _____.

Signed: _____ Date: _____

Name of person submitting form: _____

Address _____

Telephone _____