PRATT INSTITUTE GRADUATE STUDENT APPLICATION FEE WAIVER REQUEST FORM

Today's Date:		D.O.B	
Legal Name			
Logar Namo	Last	First	Middle
Preferred Name	 Last	First	Middle
Mailing Address		1 1130	
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Email Address _			
Country of Citizer	nship		
To which graduate program are you applying?			
Please check all that apply:			
I am a U.S. Citizen or Permanent Resident I am currently enrolled at a college or university (School name:) I am a Pratt student or alumni (Pratt ID:) I am Pratt faculty or staff (Pratt ID:)			
Please select the fee waiver that applies to your circumstances:			
Financial Hardship Fee Waiver Special Programs Fee Waiver Outside Organization Fee Waiver Military Fee Waiver Expedited Application Process for Pratt Students Fee Waiver Faculty and Staff Fee Waiver			
By signing below, I certify all information is true and correct to the best of my knowledge.			
Applicant signature:			
Print name:			
Today's Date:			

Please scan and email this completed form along with the corresponding documentation as detailed on our fee waiver page (www.pratt.edu/graduate-fee-waiver) to: Megan Porpeglia, mporpegl@pratt.edu.

^{*}Please send all required documentation in **one email**, or your request will not be considered.