



2025 FEE WAIVER REQUEST FORM

THE STATE UNIVERSITY OF **NEW YORK**

Application Services Center (ASC)
H. Carl McCall SUNY Building, 353 Broadway
Albany, New York 12246

To be considered for an application fee waiver from The State University of New York, students must:

- Be a resident of New York State or a citizen of the United States.
- Meet the financial eligibility criteria shown in the table to the right.
- Request a fee waiver on the application for admission.
- High school students should have their counselors certify their requests for a fee waiver online at www.suny.edu/counselor.
- All other students should complete and mail this form to the address above.

If eligibility is confirmed, the Application Services Center will grant an application fee waiver for the first seven campus choices selected.

Household Size	Annual Income
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673
6	\$77,626
7	\$87,579
8	\$97,532*

*Plus \$9,953 for each family member in excess of eight

Student Confirmation (all fields are required)

Student Name: _____ / _____ / _____
Last First Middle

Address: _____ Apt # _____
Street/P.O. Box

City State/Province Zip/Postal Code Country

Phone Number (including area code): _____ E-mail Address: _____

Household size (including student): _____ Total annual household income before taxes (all sources): _____

My signature confirms that:

- I meet the criteria above and am requesting an application fee waiver.
- I agree to provide financial documentation in support of this fee waiver if it is requested of me.
- I understand that if I have received my limit of seven fee waivers during the calendar year, my application may be held pending receipt of the appropriate fee(s).

Signature of Student _____ Date: _____

Signature of Head of Household: _____

Verification (Option 1 or Option 2 required)

Option 1: Counselor/Advisor Certification

To the best of my knowledge, the student meets the requirements outlined on this fee waiver form. I have confirmed with the student that this request is applicable for up to seven campus choices and appropriate processing fee(s) for additional campus choices should be submitted with the application. The student is aware that financial documentation in support of this fee waiver may be requested.

School Counselor/Transfer Advisor Signature: _____ Date: _____

High School/College: _____
Name

City State Zip

High school counselors can complete this certification online at www.suny.edu/counselor, if preferred.

Option 2: Proof of Income

Students who are unable to obtain a School Counselor or Transfer Advisor signature must provide proof of income and attach a copy to this form. Proof of income may include any one of the following:

- Most recent federal tax return (Form 1040)
- Statement of Social Services benefits
- Proof of unemployment insurance benefits

Questions? Call the Recruitment Response Center at 1.800.342.3811, Monday-Friday, between 8:30 a.m. and 4:30 p.m. (EST).

Internal Use Only