

## LETTER PACKET REGISTRATION FEE WAIVER

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Full Name \_\_\_\_\_

Class of \_\_\_\_\_

Wesleyan ID \_\_\_\_\_

Campus Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

I am a current Wesleyan student and would like to hereby request that I be considered for a Committee Letter File Registration Fee Waiver due to extreme financial need. I am thereby granting the Health Professions Program permission to contact the Wesleyan University Financial Aid Office in order to confirm my eligibility for this waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date