

**COMMITTEE LETTER FILE-LETTER PACKET
REGISTRATION FEE WAIVER**

Health Professions Administrative Assistant
Telephone: 860-685-3376 FAX: 860-685-2181
health.professions@wesleyan.edu

Print 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