SUNY DOWNSTATE COURSE FEE
HARDSHIP WAIVER APPLICATION

Please complete the form below to apply for a financial hardship waiver of all or part of a SUNY Downstate Course Fee. (See the SUNY Downstate Course Fee Hardship Waiver Policy for details.)

Name:

Course Requesting A Course Fee Waiver From:

Semester:

Student ID Number:

Please check all that apply:

- ☐ I am eligible to receive federal financial aid
- ☐ I applied for federal financial aid and accepted all financial aid for which I am qualified {not including the federal Parent PLUS Loan)
- ☐ I have exceeded or exhausted all federal financial aid
- ☐ My total qualified educational expenses are greater than my financial aid package
- ☐ My grants, scholarships, and other waivers/ exemptions awarded are less than my total cost of attendance

Please describe* your *financial hardship below *(attach additional sheet if more space is needed):*

_____ _____

Signature *Dote*

Please submit completed and signed form to:

DOWNSTATE HEALTH SCIENCES UNIVERSITY
DEPARTMENT OF STUDENT AFFAIRS
Studentaffairs@downstate.edu
718-270-2187