



2018-2019 Graduate Records Exam (GRE) Fee Reduction Certificate

SECTION A: STUDENT INFORMATION

| | | |
|-----------------|--------------------------|----------------------------------|
| Name: | UNTD Assigned ID: | SSN (last 4 digits only): |
| Address: | City, State: | Zip Code: |

SECTION B: WAIVER REQUIREMENTS

The GRE Program makes available a one time only fee reduction certificate for college seniors and unenrolled college graduates who meet eligibility requirements. Fee certificates may be used for one General Test and/or one Subject Test. Individuals given a GRE Fee Reduction Certificate will be required to pay 50 percent of the full test fee.

To be eligible, you must be

- a U.S. citizen or resident alien; **and**
- a college senior receiving financial aid through an undergraduate college in the U.S., a U.S. territory, or Puerto Rico, or a returning unenrolled college graduate who has applied for financial aid; **and either**
- a dependent college senior whose Institutional Student Information Report (ISIR) shows a parental contribution of not more than \$2,500 for the senior year, **or**
 - a self-supporting college senior whose ISIR shows a contribution of not more than \$3,000 for the senior year, **or**
 - an unenrolled college graduate whose ISIR indicates self-supporting status and a contribution of not more than \$3,000.

SECTION C: TEST INFORMATION

Please select one of the following tests & give test date, if known:

- Computer-Based General Test Date: _____
- Paper-and-Pencil General Test Date: _____
- Subject Test Date: _____

Please select one of the following options:

- I would like to pick up certificate
- Please mail certificate to the address listed above

SECTION D: CERTIFICATION

I certify that I meet **all** of the requirements listed above for the GRE Fee Reduction Certificate. **I understand that I must sign and return this form for the financial aid office to establish eligibility.** Please allow up to three (3) weeks for processing and up to 4 weeks if requesting a mail delivery. **Electronic signatures are not accepted.**

Student Signature

Date

 X _____

Student Financial Aid and Scholarships Use Only

- | | |
|--|--|
| <input type="checkbox"/> U.S. Citizen/Visa Type=PR | <input type="checkbox"/> Eligible |
| <input type="checkbox"/> Senior (90 credit hours)-receiving financial aid | <input type="checkbox"/> Not eligible |
| <input type="checkbox"/> Unenrolled College Graduate-applied for financial aid | <input type="checkbox"/> Student Pick-up-Date: _____ <input type="checkbox"/> Mailed-Date: _____ |
| <input type="checkbox"/> Dependent: Parent Contribution (2500) | Initials: _____ |
| <input type="checkbox"/> Independent: Student Contribution (3000) | Date: _____ |

Return this completed form with any required documentation to:

*Student Financial Aid & Scholarships, University of North Texas at Dallas – 7300 University Hills Blvd., Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to Dallas.financialaid@unt.edu*