

**Request for Transfer Student Application Fee Waiver**

Dear Admission Office Staff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Navarro College TRiO Student Support Services program ask for a waiver of the Transfer Application fee on behalf of the following current Navarro College student:

Student’s Name (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Term of Admission at Receiving Institution:

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_Summer, Year: 20\_\_\_\_

**\_\_\_\_\_ (1) Applicant has an Expected Family Contribution (EFC) of $0 on his or her Free Application for Federal Student Aid (FAFSA) Report**

Students meeting this requirement will provide a copy of their FAFSA report.

**\_\_\_\_\_ (2) Applicant is an active participant in a federally funded TRiO Program (Student Support Services).**

\_\_\_\_\_ Student meets the federal guidelines to be declared a “low-income individual.”

Must be certified by the Navarro College TRiO Student Support Services Office.

*I certify that the student listed above is part of our Navarro College TRiO Student Support Services Program:*

Navarro College Certifying Official (printed name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For additional information, please contact:**

**TRiO Student Support Services**

**Navarro College**

3200 W. 7th Avenue

Corsicana, Texas 75110

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FAX: 903-875-7673

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