



Sam Houston State University
A Member of The Texas State University System
Undergraduate Admissions

APPLICATION FEE WAIVER REQUEST

Date: _____

Print Student's Name: _____

Address: _____

City State & Zip: _____

Social Security #: _____ Semester Applied: _____

Applicant must attach the required supporting documents to this form.

Transfer Student:

_____ Please attach a copy of the first page of your Student Aid Report (FAFSA)

Beginning Freshmen Students:

- _____ 1. ACT Waiver Form (attach form) or
- _____ 2. College Board Waiver Form (attach form) or
- _____ 3. Request from H.S. Counselor or Principal (attach letter)

H.S. Counselor or Principal's Signature _____

Print Name: _____

Name of High School: _____

Applicant must attach the required supporting documents to this form and mail to:

**SHSU Admissions
 Box 2418
 Huntsville TX 77341-2418**

Office Use Only:

_____ Approved _____ Date _____

_____ Denied _____ Date _____

_____ No Decision (additional documentation needed) _____