



· School of Graduate Studies and Research
· Application Fee Waiver Form

Last Name: _____ First Name: _____

Date of Birth: _____ Email: _____
mm/dd/yyyy

Permanent Address: _____

Evening Telephone: _____ Cellular Telephone: _____

Parent and Student Income Tax Return or Other Documentation of income is required for Dependent Students

DEPENDENT

INDEPENDENT

Annual Income (Parent): _____

Annual Income (Self/Spouse): _____

Annual Income (Self): _____

Number of Dependents Support by Self: _____

Family Size: _____

Family Size: _____

Scan and email this form and a copy of the first page of parent(s) and/or your income tax return to masters@cwu.edu or mail to: 400 East University Way Ellensburg WA 98926-7510

I certify that to the best of my knowledge statements I have made in this application are complete and true.

Parent Signature(s): _____ Date

Student Signature: _____ Date

FOR OFFICE USE ONLY

[] Waiver Approved [] Waiver Denied

CWU Official Staff Signature and Title: _____ Date