



# Accuplacer Fee Waiver Application

**Only complete forms will be considered. Allow one week to process.**

This waiver application is intended for students who have no other means to pay the \$25.00 Accuplacer test.

## 1-2 WEEKS BEFORE TESTING

The following steps are required in addition to this form:

- Meet with a BTC staff person.
- Submit the BTC Admissions Application, indicating program of study.
- Submit the FAFSA. *PRINT documentation of your submission.* (\*Does not apply to Running Start).
- Study for the Accuplacer test. See the BTC website and hardcopy study guides.

DATE:	SID Number:	
LAST NAME:	FIRST NAME:	MI:
MAILING ADDRESS:  _____		
EMAIL ADDRESS:  _____		
PHONE:	DATE OF BIRTH:	
<p>Check all that apply and submit documentation that reflects you are receiving one of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Public assistance (TANF, SSI, etc.)</li> <li><input type="checkbox"/> Food assistance (food stamps, free or reduced lunch, etc.)</li> <li><input type="checkbox"/> Medical coupons</li> <li><input type="checkbox"/> Public housing</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participating in the WorkFirst, BFET and/or Opportunity Grant program (no documentation required)</li> </ul>		
<p>Please explain your financial hardship and why you are requesting this waiver.</p> <p>_____</p> <p>_____</p> <p>_____</p>		

I certify that the above information is correct and true. I understand I am required to provide appropriate documentation to support this waiver request.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

BTC staff verification waiver criteria have been discussed. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT TO the Admissions & Student Resource Center (CSB 106)**

Only complete applications will be considered. Please allow one week to process.  
You will be contacted by phone and/or email.

OFFICE USE ONLY: Approved\_\_\_\_ Denied\_\_\_\_ Date\_\_\_\_ Initials \_\_\_\_