# PRE-HEALTH ADVISING

## Pre-Health Credentialing Fee Waiver

(Please Print)

**Name:**

**Date:**

**B Number:**

I hereby request a waiver of the Pre-Health Credential Fee for financial reasons.

**Signature:**

---

## Financial Aid Action

**Academic Yr**.

☐ **Approved**

☐ **Denied**

**Reason**

**Signature**

**Date**

**Title**

---

## Final Action

**Initials**

**Date**