

FAFSA Waiver Request 2024-2025 Academic Year

Student Name _____ Student ID _____
Last First M.I.

Reason for Waiving the FAFSA

Please briefly explain why you are not completing the FAFSA:

Statement

By signing below, I am requesting the Office of Financial Aid waive the requirement of completing the FAFSA. I understand that if I do not complete the FAFSA I am waiving my right to federal, state, and need-based institutional aid at Saint Elizabeth University. Saint Elizabeth University requires the FAFSA as a prerequisite for all institutional aid. This form will be considered a formal appeal to retain scholarship eligibility despite not completing the FAFSA requirement. Approval is not guaranteed. The Office of Financial Aid will notify you of their decision in writing.

Student Signature _____ Date ____/____/____

*Note: This form must be filled out each award year for which the FAFSA is waived. The completion of this form does not prohibit a student from filling out the FAFSA, to determine Title IV eligibility, at any point if the student wishes to do so.