Application Fee Waiver Petition
Hibbing Community College
Student Services Offices
1515 East 25th Street
Hibbing, MN  55746
1-800-224-4422 or 218-262-7200
Fax: 218-263-2992

Hibbing Community College applicants may be eligible for an application fee waiver if they meet certain criteria. Students requesting a fee waiver must demonstrate a financial hardship.

PLEASE PRINT:
Name__________________________  Student ID # or STAR ID ____________________________
Street Address__________________________
City_________________  State______  Zip__________  Phone______________________________
Email_______________________________
Major__________________________  Term/Year this petition applies to__________________________
(Example: Fall 2015)

Briefly describe the reasons for your request and why you feel this petition should be granted. Be as complete and thorough as possible. Attach additional sheets if necessary. Attach documentation supporting your request. The petition will be denied if inadequate documentation is provided.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Provide supporting documentation—a letter of support from one of the following areas such as:
  o  Guidance counselor/school official
  o  Clergy
  o  Community Support Agency
  o  Other

Students who wish to be considered for an application fee waiver must submit this petition, along with supporting documentation to student services. Petitions for fee waivers will be reviewed within one week of being received. Students will receive a written notice informing them of the outcome.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I certify that all information provided here is complete, accurate and true to the best of my knowledge.

Student Signature__________________________  Date____________________

Office use only:
☐Petition Granted  ☐Petition Denied  ☐No Action  Date____________________

Comments:

____________________________________________________________________________________

An affirmative action, equal opportunity employer and educator. This document is available in alternative formats upon request by contacting Disability Services at 218-262-7200 or 1-800-224-4422