## PRE-HEALTH ADVISING

## Pre-Health Credentialing Fee Waiver (Please Print)

Name:				Date:
B Number:			]	
I hereby request a wa	iver of the Pre-Health C	Credential Fee for finan	ncial reas	sons.
	Signature:			
	Fina	ncial Aid Action		······································
Academic Yr.				
Approved				
Denied	Reason			
Signature			D	ate
Title				
	]	Final Action		
	Init	ials		Date