



CALIFORNIA INSTITUTE OF TECHNOLOGY
GRADUATE SCHOOL
FEE WAIVER APPLICATION

Applicant Information

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Proposed Academic Option _____
mm/dd/yyyy

Email Address _____

I am participating or have participated in the following programs (*check all that apply*):

- GradPreview
- IIE
- McNair Scholars
- Project 1000
- Other _____

Financial Status

Personal gross annual income \$ _____

Savings \$ _____

If married, spouse's gross annual income \$ _____

Other income \$ _____ Source _____

Educational debt \$ _____

Other debt \$ _____ Please explain _____

Other special circumstances that would qualify you for financial hardship

I certify that the above information is correct and complete, to the best of my knowledge. Falsification or omission of requested information will be grounds for terminating consideration of the application, or, if after enrollment, for withdrawing registration privileges. I understand that the information provided is confidential and will not be shared with any persons outside Caltech without my permission.

Applicant Signature _____ **Date** ____/____/____

Send completed fee waiver request to:
Office of the Dean of Graduate Studies, 1200 E. California Blvd., MC 230-87, Caltech,
Pasadena, CA 91125 or via FAX 626-577-9246