

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPLICATION FEE WAIVER REQUEST FORM FOR CERTIFIED TEACHERS**

Return the completed form, with a copy of your teaching certification, to:
The Graduate School, College Hall Room 203, 1 Normal Ave., Montclair, NJ 07043
FAX: (973) 655 – 7869 / E-MAIL: gradschool@mail.montclair.edu

If you **possess a current New Jersey teaching certification** and wish to request a fee waiver for an application to a graduate program, please complete and submit this form, along with a copy of your teaching certification, to The Graduate School.

Name: _____ ID#: _____

Address: _____

E-mail address: _____

Intended Program of Study: _____

Applicant Signature: _____

Office Use Only

The Graduate School Approval

Date

Operations Use:

Data Entry: Date _____