



## 2025-2026 APPLICATION TO WAIVE AUDIT FEE

1. Full Name: \_\_\_\_\_
2. Contact Phone Number: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
5. Academic Semester       Fall       Spring
6. Are you requesting a full or partial waiver of audit fees?       Full       Partial

If partial, please list amount of request: \_\_\_\_\_

**Reason for Requesting Waiver of Audit Fee (Brief Explanation):**

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks / Decision:       Approved       Denied       Pending

Amount Approved: \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_