



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):

Applicant's Signature: _____

Date: _____

For Office Use Only

Verified By: _____ Date: _____

Remarks / Decision: ☐ Approved ☐ Denied ☐ Pending

Amount Approved: _____

Authorized Signatory: _____