

## TUITION WAIVER FOR BLIND STUDENTS

**DIRECTIONS**—If you are a legally blind undergraduate, graduate or non-degree seeking student and a Minnesota resident, you may be eligible for a tuition waiver. For consideration, please complete all sections of this form. Your physician, ophthalmologist, and/or campus Disability Resource Center (DRC) Access Consultant must complete **SECTION B** and attach a letter (on official letterhead) that certifies your disability. You need to submit this form once during your attendance at the University of Minnesota unless the condition is temporary.

**You are eligible for a full tuition waiver if:**

- You are legally blind (vision is no better than 20/200 or 20 degrees of visual field in the better eye)
- You are a Minnesota resident who meets the University’s definition of residency
- You are enrolled in a credit-bearing course(s) that charge(s) tuition
- You are **NOT** enrolled in a fee-based program, study abroad program or National Student Exchange with host pay option

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student background		
Name (last, first, middle initial)	University ID	Phone (include area code)
Current address (street, apartment or P.O. box number, city, state, ZIP Code)		Check your student status <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate
SECTION B. Disability certification		
Your physician, ophthalmologist, and/or campus Disability Resource Center (DRC) Access Consultant must sign this section and attach a letter (on official letterhead) to certify your disability.		
1. Have you observed that the student has blindness? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, indicate whether the condition is temporary or permanent: <input type="checkbox"/> temporary <input type="checkbox"/> permanent		
2. Please attach a letter (on official letterhead) and certify with your signature below that, in your professional opinion, the student named in Section A meets the University’s criteria to qualify for a blind tuition waiver at the University of Minnesota.		
Full name (please print legibly)	Name of affiliated clinic, hospital, or Disability Resource Center Access Consultant	
Address (city, state, ZIP code)	Phone (with area code)	
Signature of physician or ophthalmologist	Date	
Signature of campus Disability Resource Center Access Consultant	Date	
SECTION C. Student certification		
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.		
Student’s signature	Date	

**Return this form to:**

**Crookston**  
Office of the Registrar  
9 Hill Hall  
2900 University Avenue  
Crookston, MN 56716  
Phone: 218-281-8548  
Fax: 218-281-8549

**Morris**  
One Stop Student Services  
105 Behmler Hall  
600 East 4th Street  
Morris, MN 56267-2132  
320-589-6046  
ummonestop@morris.umn.edu

**Twin Cities**  
By mail or email:  
160 Williamson Hall  
231 Pillsbury Dr. SE  
Minneapolis, MN 55455-0252  
612-624-1111  
onestop@umn.edu

**Duluth**  
One Stop Student Services  
23 Solon Campus Center  
1049 University Drive  
Duluth, MN 55812-3011  
umdhel@d.umn.edu

**Rochester**  
One Stop Student Services  
300 University Square  
111 S Broadway  
Rochester, MN 55904  
507-258-8069  
umr1stop@r.umn.edu

**In person on campus:**  
333 Robert H. Bruininks Hall  
130 Coffey Hall, St. Paul

To request copies of this form in an alternative format, call the Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

