



**GRE FEE REDUCTION REQUEST FORM**

Name: \_\_\_\_\_

EMPL ID: \_\_\_\_\_

E-mail: \_\_\_\_\_@jjay.cuny.edu

You will be contacted via your John Jay email account.

Telephone: \_\_\_\_\_

Please be sure to give a telephone number where a message can be left if you cannot be reached

Expected Date of Exam: \_\_\_\_\_

I am aware that eligibility for the GRE Fee Reduction cannot and will not be determined if I have not completed a FAFSA application for the appropriate academic year as well as provided all the information requested above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Criteria:

Meets Criteria:

EFC: \_\_\_\_\_

Yes ( ) No ( )

U.S. Citizen ( ) Eligible Non-Citizen ( ) Other ( )

Yes ( ) No ( )

Dep. Senior ( ) Ind. Senior ( ) Other ( )

Yes ( ) No ( )

**Eligible:**

**Yes ( ) No ( )**

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date of Student Notification

By Email ( )

By Phone ( )