MADISON COLLEGE TESTING OFFICE
COMPASS Fee Waiver Request Form

INSTRUCTIONS - A limited number of COMPASS fee waivers are available for qualified applicants and should be requested only if payment of the fee would present a substantial financial hardship to the applicant. Financial hardship will be verified by the Testing Office.

COMPASS Fee Waiver Requests are for use with COMPASS only. Requests and supporting documentation must be submitted at time of request.

APPLICANT INFORMATION:
Name: Last ________________________________ First ________________________________ Middle Initial _____
Student ID or Social Security Number ________________________________ Telephone ________________________________
Mailing Address ________________________________ City ________________________________ State _____ Zip Code _____

APPLICATION INFORMATION:

To consider your request, supporting documentation must be submitted with this form. Documentation showing financial hardship must include one of the following:

☐ ACT/SAT Test Waivers  ☐ Free/Reduced hot lunch  ☐ Food Share

OR, if your financial status is below the federal poverty level guidelines, then one of the following is accepted:


NOTIFICATION:

After processing, this form will be returned to you by mail (to the address above) with a determination.

SIGNATURE & AGREEMENT:

By signing, I certify that I am unable to pay the $20 COMPASS fee and would like to be considered for a waiver. I understand that documentation of financial hardship must be submitted with this request.

Applicant or Parent/Guardian (If under 18) Signature ________________________________ Date __________
Parent or Guardian Name (If under 18) ________________________________

SUBMISSION INSTRUCTIONS:

Please sign and submit completed form, and supporting documentation to the Truax Testing Office - Room D2603, or submit by mail to:
Testing Office, Madison College, 1701 Wright Street, Madison, WI 53704.

Please allow up to five business days for processing of a COMPASS Fee Waiver Request Form.

Questions? For further assistance with this form, search FAQs or submit a Testing and Assessment category question on askMadisonCollege, contact the Testing and Assessment Office by phone (608) 246-6888 or in person at Room D2603, Truax.

Regional & Metro Campus Staff - Date stamp, scan and email to assessmentcentercac@madisoncollege.edu.
Testing Office Staff - Decision:
☐ Denied - Reason: __________________________________________
☐ Approved

Staff Name ________________________________ Staff Title ________________________________ Date Processed __________

WHITE COPY - Returned to Student with Decision  CANARY COPY - Retained by Testing Office

29OCT2014