

**TUITION WAIVER/ASSISTANCE FOR BLIND OR DEAF STUDENTS**

**DIRECTIONS**

If you are a blind or deaf student with Minnesota residency, you may be eligible for a tuition waiver or partial tuition assistance. For consideration, please complete all sections of this form. Your physician, ophthalmologist, and/or Disabilities Services specialist must certify your disability by completing SECTION B. You must meet the criteria specified below for your circumstances.

- **Blindness:** You are eligible for a full tuition waiver if you are a legally-blind Minnesota resident. Your vision must be no better than 20/200 or 20 degrees of visual field in the better eye to be eligible for a full tuition waiver. Periodic exams will be required if visual impairment is temporary.
- **Deafness:** For partial assistance you must be Minnesota resident with a hearing loss of such severity that you are primarily dependent on visual communication, such as writing, lip reading, manual communication, and gestures. You must submit a Free Application for Federal Student Aid (FAFSA) that applies to the enrollment period of the tuition assistance and receive either a Federal Pell Grant or Minnesota State Grant for the term.

**Return this form to a  
One Stop Student Services Center**

**By U.S. Postal Service mail:**  
One Stop Student Services Center  
University of Minnesota, Twin Cities  
200 Fraser Hall  
106 Pleasant Street S.E.  
Minneapolis, MN 55455-0422

**Any of three campus locations:**  
200 Fraser Hall, East Bank  
130 West Bank Skyway, West Bank  
130 Coffey Hall, St. Paul

**Questions? Contact us:**  
Phone: 612-624-1111  
TTY (Deaf/hard of hearing): 612-626-0701  
E-mail: helpingu@umn.edu

**Print legibly in blue or black ink, including the required signatures.**

SECTION A: Student background		
Name (last, first, middle initial)	University ID	Phone (include area code)
Current address (street and apartment number, 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		
<p><b>Your physician, ophthalmologist, and/or Disability Services specialist must complete and sign this section.</b></p> <p>1. Check the condition that you have observed in the student.   <input type="checkbox"/> blindness   <input type="checkbox"/> deafness</p> <p>2. Indicate with a check whether the condition is temporary or permanent.   <input type="checkbox"/> temporary   <input type="checkbox"/> permanent</p> <p>3. Please certify with your signature that, in your professional opinion, the student named in Section 1 meets the University's criteria to qualify for tuition and fee assistance at the University of Minnesota.</p>		
Full name (please print legibly)	Name of affiliated clinic or hospital	
Address (street, city, state, ZIP code)	Phone (with area code)	
Signature of physician or ophthalmologist	Date	
Signature of Disability Services specialist	Date	
SECTION C: Student certification		
<p>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.</p>		
Student's signature	Date	



The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. Please contact the Disability Services liaison for financial aid at 612-625-9578 to request a copy of this form in an alternative format

