



Enrollment Deposit Waiver Request

Marshall University Admissions Office

1 John Marshall Drive, Huntington, WV 25755

Phone: (304) 696-3160 Toll-Free: (800) 642-3499 Fax: (304) 696-3135

Name	Student ID Number	Date of Birth	
Your Permanent Address: Street or PO Box	City	State	ZIP
Phone	E-Mail Address		

Semester you plan to enroll: Fall: <input type="checkbox"/> Spring: <input type="checkbox"/> Summer: <input type="checkbox"/> Year _____	Student type: Freshman: <input type="checkbox"/> Transfer: <input type="checkbox"/> Other: <input type="checkbox"/>
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Reason for Request (Documentation is required in support of request):

Applicant's Signature	Date
Parent's Signature (if applicable)	Date

For Admissions Office Use Only

Waiver Request:
Granted: Denied: EFC _____
(if applicable)

Comments:

Signature: _____ Date: _____