

# TUITION WAIVER FOR BLIND STUDENTS

**DIRECTIONS**—If you are a legally blind student and a Minnesota resident, and you are not enrolled in a study abroad program, 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 Twin Cities unless the condition is temporary.

**Questions?**  
See below for your campus contact information

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

- You are legally blind.
- You are a Minnesota resident.
- Your vision is no better than 20/200 or 20 degrees of visual field in the better eye.

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 <ul style="list-style-type: none"> <li>• If yes, indicate whether the condition is temporary or permanent. <input type="checkbox"/> temporary <input type="checkbox"/> permanent</li> </ul>		
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 tuition assistance 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 for Students with Disabilities  
270B Owen Hall  
2900 University Avenue  
Crookston, MN 56716  
Phone: 218-281-8587  
Email: lwilson2@umn.edu

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

**Twin Cities**  
One Stop Student Services  
200 Fraser Hall, 106 Pleasant Street SE  
Minneapolis, MN 55455  
Phone: 612-624-1111  
Email: onestop@umn.edu

**Duluth**  
One Stop Student Services  
23 Solon Campus Center  
1049 University Drive  
Duluth MN 55812-3011  
Email: umdhelp@d.umn.edu  
Phone: 218-726-8219

**Rochester**  
Student Resource Center  
Suite 369, 300 University Square  
111 South Broadway  
Rochester, MN 55904  
Phone: 507-258-8457  
Email: umr1stop@r.umn.edu

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



To request copies of this form in an alternative format, please call the Financial Aid Liaison for students with disabilities at 612-625-9578. 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.



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