

## 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 unless the condition is temporary.

**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		
<p><b>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.</b></p> <p>1. Have you observed that the student has blindness? <input type="checkbox"/> yes <input type="checkbox"/> no            If yes, indicate whether the condition is temporary or permanent: <input type="checkbox"/> temporary <input type="checkbox"/> permanent</p> <p>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.</p>		
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		
<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	

**Return this form to:**

**Crookston**  
**Office of the Registrar**  
 9 Hill Hall  
 2900 University Avenue  
 Crookston, MN 56716  
 Phone: 218-281-8548  
 Fax: 218-281-8549

**Duluth**  
**One Stop Student Services**  
 23 Solon Campus Center  
 1049 University Drive  
 Duluth, MN 55812-3011  
 umdhelp@d.umn.edu

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

**Rochester**  
**One Stop Student Services**  
 300 University Square  
 111 S Broadway  
 Rochester, MN 55904  
 507-258-8069  
 umr1stop@r.umn.edu

**Twin Cities**  
**By mail or email:**  
 200 Fraser Hall  
 106 Pleasant Street SE  
 Minneapolis, MN 55455  
 612-624-1111  
 onestop@umn.edu

**In person on campus:**  
 333 Robert H. Bruininks Hall

To request copies of this form in an alternative format, call the Disability Resource Center at 612-626-1333. 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.

