

## TUITION ASSISTANCE FOR DEAF/HARD OF HEARING STUDENTS

**DIRECTIONS**—If you are a deaf or hard of hearing student with Minnesota residency and are not enrolled in a study abroad program, you may be eligible for partial tuition assistance. For consideration, please complete all sections of this form. Your physician, and/or campus Disability Resource Center (DRC) Access Consultant must certify your disability by completing **SECTION B**. You need to submit this form once during your undergraduate career attendance at the University of Minnesota Twin Cities unless the condition is temporary.

**You are eligible for tuition assistance if:**

- You are a Minnesota resident.
- You are eligible for a Federal Pell Grant and/or a Minnesota State Grant.
- You are enrolled in an **undergraduate** degree-seeking program.
- You have a hearing loss of such severity that you are primarily dependent on visual communication, such as writing, lip reading, manual communication, and gestures.
- You have submitted a Free Application for Federal Student Aid (FAFSA) that applies to the enrollment period of the tuition assistance.
- You will receive either a Federal Pell Grant or Minnesota State Grant that applies to the enrollment period of the tuition assistance.

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)		
SECTION B. Disability certification		
<b>Your physician, audiologist, and/or campus Disability Resource Center (DRC) Access Consultant must complete and sign this section.</b>		
1. Have you observed that the student is deaf/hard of hearing? <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		
2. 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 and fee 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 audiologist	Date	
Signature of campus Disability Resource Center (DRC) 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 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  
ummonestop@morris.umn.edu  
320-589-6046

### Rochester

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

### Twin Cities

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

**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, 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.

