

### Application Fee Waiver Policy

#### Master in Health Informatics and Health Information Management

Applicants must pay a non-refundable fee of \$90 for each application to the University of Washington Graduate School. Payment is made online through the application portal using a MasterCard or Visa credit/debit card.

#### **UW Grad School application fee waivers are available for eligible applicants.**

**Please read carefully:** Applicants must determine their eligibility for a Graduate School fee waiver BEFORE applying for a Program in Health Informatics and Health Information Management fee waiver. Applicants must submit all forms and documents no later than 7 days before the application deadline. This must be done PRIOR to paying the fee and submitting the application.

#### **The fee cannot be reimbursed.**

#### Request Process

- 1. Review the [UW Graduate School's Fee Waiver Policy](#) and determine if you meet the eligibility criteria.** The Graduate School offers fee waivers on the basis of financial need as well as for McNair Scholars and PPI Fellows who have submitted documentation.
- 2. If eligible, please follow that process and DO NOT apply for an MHIHIM fee waiver.**
3. Once you have determined that you **DO NOT** meet the Grad School's eligibility criteria: Review the MHIHIM Program's **Application Fee Waiver Eligibility Requirements** (page 2).
- 4. If eligible, complete the **Application Fee Waiver Request Form** (page 3) and send it to the MHIHIM Program email (page 2) along with supporting documentation of your registration/participation in one of the qualifying programs.**
- 5. All documents must be received no later than 7 days prior to the MHIHIM application deadline.**
6. A limited number of MHIHIM application fee waivers are available annually. Requests will be reviewed and verified for satisfactory evidence on a first-come, first serviced basis. If the documentation provided is accepted, the program will submit payment on your behalf. If not accepted, the program will contact you to resubmit documentation or to pay the application fee.

Questions? Contact [hmigradinfo@uw.edu](mailto:hmigradinfo@uw.edu)

Applicants are eligible for a fee waiver with documentation registration participating in one of the following programs:

- AmeriCorps
- Gates Millennium Scholars
- National Association of Health Services Executives (NAHSE)
- National Society of Black Engineers
- Peace Corps
- SACNAS (Society for Advancing Chicanos/Hispanics and Native Americans in Science)
- Veterans: You are eligible if you are/were an active or reserve member of the United States military or naval forces; or a national guard members called to active duty, who served in active federal service under either Title 10 or Title 32 of the U.S. code in a war or conflict found on foreign soil or in international waters or in another location in support of those serving on foreign soil or in international waters, OR has received an honorable discharge.

**Application Fee Waiver Form**

Master in Health Informatics and Health Information Management

**Full Name (First, Middle, Last):** \_\_\_\_\_

**UW Graduate School Applicant ID Number:** \_\_\_\_\_

**Target Year of Entry (Autumn 20xx):** \_\_\_\_\_

I have verified that I do NOT meet the criteria for a fee waiver from the UW Graduate School. (Check box to certify)

Documented Participation (Select all that apply)

- AmeriCorps
- Gates Millennium Scholars
- National Association of Health Services Executives (NAHSE)
- National Society of Black Engineers
- Peace Corps
- SACNAS (Society for Advancing Chicanos/Hispanics and Native Americans in Science)
- Veterans: You are eligible if you are/were an active or reserve member of the United States military or naval forces; or a national guard members called to active duty, who served in active federal service under either Title 10 or Title 32 of the U.S. code in a war or conflict found on foreign soil or in international waters or in another location in support of those serving on foreign soil or in international waters, OR has received an honorable discharge.

**I hereby certify that the information contained herein is true and accurate.**

<p style="font-size: 2em; margin: 0;">X</p> <hr style="width: 40%; margin: 0 auto;"/>	
Signature	Date

Email this form to the [MHIHIM Program](#) along with required documentation.