



TCNJ
THE COLLEGE OF NEW JERSEY

OUT-OF-STATE APPLICATION FEE WAIVER: **COUNSELOR RECOMMENDATION**

Please PRINT the following information:

High School: _____

High School CEEB Code: _____

School Counselor Name: _____

School Counselor E-mail: _____

Applicant Name: _____

Applicant Address: _____

Counselor Signature: _____

Applicant Signature: _____

Please submit this TCNJ application fee waiver in one of the following ways:

- 1. Attach to the applicant's transcript or other documentation mailed/scanned from your office.*
- 2. E-mail a PDF to neinstek@TCNJ.edu*
- 3. Fax to 609-637-5174, Attn: Kaitlin Neinstedt*

WAIVERS MUST BE RECEIVED BY FEBRUARY 15TH TO BE CONSIDERED VALID

ONLY ONE TCNJ WAIVER PER SCHOOL COUNSELOR WILL BE ACCEPTED

College Board and NACAC fee waivers will continue to be accepted without any limitations