



Office of Admissions

Application Fee Waiver Form

Applicants to the University of New Mexico, School of Medicine who wish to be considered for a Secondary Application Fee Waiver must do the following:

1. Complete this form.
2. Attach a copy of the verification from AAMC stating that you have been approved for the Fee Assistance Program.
3. Submit this form and the AAMC verification to the School of Medicine, Office of Admissions.

Applicant Name: _____

AAMC ID #: _____

Address: _____

City, State, Zip Code: _____

Program Type:

- Regular MD Program Combined MD/PhD Program
 Early Decision Program Combined MD/MPH Program

My signature below confirms that I understand that this waiver is for the \$75.00 secondary application fee assessed by the University of New Mexico, School of Medicine.

Signature of Applicant: _____ Date: _____

For Office Use Only

Signature of Medical School Representative: _____

Date: _____

Approved

Denied