

TUITION ASSISTANCE FOR DEAF/HARD OF HEARING STUDENTS

DIRECTIONS—If you are a deaf or hard of hearing degree-seeking undergraduate student with Minnesota residency, you may be eligible for partial tuition assistance. Tuition Assistance is calculated on tuition and fee charges remaining after deducting grants and scholarships. 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 unless the condition is temporary.

You are eligible for tuition assistance if:

- You are a Minnesota resident who meets the University’s definition of residency
- You are enrolled in an **undergraduate** degree-seeking program
- You are **not** enrolled in a study abroad 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 will receive a Pell grant and/or Minnesota State Grant based on the credits in which you are enrolled during the term in which tuition assistance is applied

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		
Your physician, audiologist, and/or campus Disability Resource Center (DRC) Access Consultant must complete and sign this section.		
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 of Financial Aid & Scholarships
 4 Hill Hall
 2900 University Avenue
 Crookston, MN 56716
 Phone: 218-281-8550
 Fax: 218-281-8579

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

Twin Cities
By mail or email:
 160 Williamson Hall
 231 Pillsbury Dr. SE
 Minneapolis, MN 55455-0252
 onestop@umn.edu
 612-624-1111

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

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

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

