

TUITION ASSISTANCE FOR BLIND OR DEAF/HARD OF HEARING STUDENTS

DIRECTIONS

If you are a blind or deaf student with Minnesota residency, not enrolled in a study abroad program, you may be eligible for a tuition waiver or partial tuition assistance. For consideration, please complete all sections of this form. Your physician, ophthalmologist, and/or Disabilities Services specialist must certify your disability by completing SECTION B. You must meet the following criteria for your circumstances.

- Blindness:** You are eligible for a full tuition waiver if you are a legally-blind Minnesota resident. Your vision must be no better than 20/200 or 20 degrees of visual field in the better eye to be eligible for a full tuition waiver. Periodic exams will be required if visual impairment is temporary.
- Deaf/hard of hearing:** For partial assistance you must be a Minnesota resident, in an eligible or certificate seeking program, with a hearing loss of such severity that you are primarily dependent on visual communication, such as writing, lip reading, manual communication, and gestures. You must submit a Free Application for Federal Student Aid (FAFSA) that applies to the enrollment period of the tuition assistance and receive either a Federal Pell Grant or Minnesota State Grant for the term.

Return this form

In person on campus:
 333 Science Teaching & Student Services
 130 West Bank Skyway
 130 Coffey Hall

By mail to:
 One Stop Student Services Center
 University of Minnesota, Twin Cities
 PO Box 835
 Minneapolis, MN 55440

Questions?
 Phone: 612-624-1111
 TTY (hearing impaired): 612-626-0701
 Email: onestop@umn.edu
 Web: onestop.umn.edu

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)		Check your student status <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate
SECTION B. Disability certification		
Your physician, ophthalmologist, and/or Disability Services (DS) specialist must complete and sign this section.		
1. Check the condition that you have observed in the student. <input type="checkbox"/> blindness <input type="checkbox"/> deaf/hard of hearing 2. Indicate with a check whether the condition is temporary or permanent. <input type="checkbox"/> temporary <input type="checkbox"/> permanent 3. Please certify with your signature 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 DS specialist	
Address (city, state, ZIP code)	Phone (with area code)	
Signature of physician or ophthalmologist	Date	
Signature of Disability Services Specialist	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	



To request copies of this form in an alternative format, please call the Disabilities Services liaison at 612-625-9578. 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.



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