



**College of Nursing
Continuing Nursing Education**
University of Cincinnati
PO Box 210038
Cincinnati, OH 45221

Procter Hall
3110 Vine Street
513-558-5500

Request for Application Fee Waiver

Program Name:

Applicant Name:

Are you a University of Cincinnati College of Nursing faculty or staff member or student?

Yes—Continue to the next question.

No—A fee waiver is not applicable.

Will the program be presented at Procter Hall or UC East?

Yes—Submit this form for consideration of a fee waiver.

No—Continue to the next question.

Is this program being presented on behalf of a College of Nursing program or unit (e.g. presentations to college alumni, a college-sponsored conference, a Florence Nightingale Awards for Nursing Excellence event)?

Yes—Submit this form for consideration of a fee waiver.

No—Continue to the next question.

Describe the rationale for the request for an application fee waiver. Include in the description the alignment of the program to the college's strategic goals.