



# Request for ACT Registration Fee Assistance

Important: ETS cannot reimburse fees paid previously

Student's Name \_\_\_\_\_ High School \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security # (required) \_\_\_\_\_ Current GPA \_\_\_\_\_  
 Email Address \_\_\_\_\_ Class Rank \_\_\_\_ out of \_\_\_\_  
 (Please print clearly-this is how you are notified)  
 Cell Phone \_\_\_\_\_

Complete the ACT information below.

**ACT Test Date:** \_\_\_\_\_ **Number of ACT Fee Waiver Request Forms previously submitted:** \_\_\_\_\_  
**Have you taken the ACT before?** NO YES **If yes...** \_\_\_\_\_ Took with high school on testing date  
**Previous ACT Score(s):** \_\_\_\_\_ Took independently on national test date

Colleges Interested in/Sending Scores to	Type of College (2 or 4 year)	Intended Major
1		
2		
3		
4		

**Completed form can be:**  
**Scanned and emailed (both sides):** [nancy.sprengher@mnsu.edu](mailto:nancy.sprengher@mnsu.edu)  
 OR  
**Faxed (both sides):** (507) 389-6904  
 OR  
**Mailed:** Educational Talent Search,  
 Minnesota State University, Mankato  
 356 Wiecking Center, Mankato, MN 56001

I understand that it is my responsibility to...

- Check my email (provided above) for approval/denial notice and contact ETS about questions/concerns regarding form submission
- (Pending approval) follow the provided instructions (via email) to register for the ACT with the unique, one-use waiver number I am given
- To register via the ACT website, as this form DOES NOT register me to take the test
- To register by the posted registration deadline. (ETS CANNOT pay late fees or change of site/date fees)

It may take up to 3 business days to receive a waiver approval/denial. Grade point average, core course success, post-secondary plans, and eligibility type (low-income status) are all things that will be considered when reviewing my waiver request. ETS reserves the right to deny fee waivers if standards are not met. By signing I agree that I understand these conditions and also give permission for my school counselor to share my ACT results with ETS.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

ETS Office Use Only: **AD** Verification Type \_\_\_\_\_ Received in ETS \_\_\_\_\_ Advisor Recommendation \_\_\_\_\_ Director Approval \_\_\_\_\_  
 Eligibility Status \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ If Approved: \_\_\_\_\_ Waiver Sent to Student \_\_\_\_\_ Date \_\_\_\_\_