

International Applicant Fee Waiver Request Form

Full Name : _____

SOPHAS ID # : _____

Current Address : _____

City : _____ Country : _____

Primary Phone : _____

E-Mail Address : _____

I would like to request a fee waiver for the first designation in my SOPHAS application.

I would like to request a 50% discount to have a course-by-course evaluation by WES.

Only for applicants who will submit their credentials for evaluation by WES.

I understand the following terms:

- SOPHAS must receive and process my fee waiver request(s) before I e-submit my application.
- There are a limited number of fee waivers available.
- Fee waivers are only available to applicants who satisfy the requirements described in the SOPHAS FAQs.
- Fee waivers are awarded on a first-come, first-served basis.
- If granted, SOPHAS fee waiver will entitle me to one free designation. Any additional SOPHAS designations must be paid for with a money order.
- If granted, the WES discount will be applied to WES evaluation fees. I will be responsible for the balance of WES fees.
- I understand that any questions regarding the use of WES discounts should be forwarded to WES.
- All fee waiver decisions are final.
- All fee waivers expire if not used within thirty days.

My country of citizenship is : _____

Signature : _____ Date : _____

Mail Fee Waiver Request Form to:

SOPHAS

Fee Waiver Department

P.O. Box 9111

Watertown, MA 02471

All fee waivers expire after 30 days