

SIMMONS COLLEGE  
SCHOOL FOR HEALTH STUDIES (SHS)  
APPLICANT FEE WAIVER REFERRAL FORM  
ALUMNA/I or PRECEPTOR

The application fee waiver applies to all SHS programs **except** the Advanced Standing Application for the DPT Bridge and Advanced Standing Application for the DNP.

Part One: To be completed by a SHS alumna/i or preceptor. Please print. Complete the first section below and give this form to the applicant **before** he/she has applied for admission.

First Name	Last Name	Former Name
Address (Street or P.O. Box #)		
City ( )	State ( )	Zip Code
Telephone Number (Days)	Telephone Numbers (Evenings)	Email
Simmons Class/Year	Simmons Degree	Simmons Precepted Class

I recommend the following student:

Signature of Alumna/i or Preceptor	Date
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Part Two: to be completed by the applicant. Please print. Please submit this completed form **with** your application for admission to the Office of Admission, SHS, 300 The Fenway, Boston, MA 02115. Be certain to include SHS in the address.

First Name	Last Name	Former Name
Address (Street or P.O. Box #)		
City ( )	State ( )	Zip Code
Telephone (Days)	Telephone (Evenings)	Email

Please indicate the SHS program to which you are applying \_\_\_\_\_

Signature of applicant	Date
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