



Missouri State
UNIVERSITY

MEGA FEE WAIVER REQUEST FORM

Please complete this form and return to pes@missouristate.edu

Date of Request

BearPass ID Number

Last Name

First Name

M.I.

Cell Phone

Major – Certification Area

Student Signature

Date

Which test are you taking **this semester?**

(check all that apply)

MoGEA _____

MoCA _____

For Office Use Only:

Initials _____

Date Recorded: _____