

REPLY FORM
PARTIAL WAIVER OF TUITION FEES

[] **Yes**, I wish to be considered for a partial waiver of tuition fees if I am successful in my application for the **National University of Singapore (NUS) Master of Public Health (MPH)** program commencing 3 August 2009.

[] **No**, I do not wish to be considered for a partial waiver of tuition fees if I am successful in my application for the **National University of Singapore (NUS) Master of Public Health (MPH)** program commencing 3 August 2009.

Full name of candidate: _____

Passport Number: _____

Signature: _____ Date: _____