

Full Waiver Application Form

Authors seeking a full waiver of page charges must complete this form and submit it and the supporting letter requested below it via e-mail to pgchgwaiver@ametsoc.org or via fax ((617-531-2096). Partial waiver applicants can find instructions [\[here\]](#).

Authors applying for full waivers must submit a letter from their Dean, laboratory administrator, or the equivalent, confirming that the author's institution cannot pay the charges. Applications without such letters will not be considered complete and will not be processed. This supporting letter should be returned to the AMS along with the completed form below.

Effective January 1, 2010: if you or any of your coauthors have received a full waiver of page-charges within the past 12 months for a paper in any AMS journal that was not formally rejected or withdrawn, you are not eligible to apply for another one. The exception is for WCAS authors whose requests will be handled on a case-by case basis. [\[WCAS information\]](#).

Completed applications are reviewed by the AMS Council waiver committee on a quarterly basis. If your Full Waiver Application is denied by the AMS Waiver Committee, *that specific manuscript* will be ineligible for full-waiver consideration for 12 months.

For questions regarding application for waivers please contact Andrew Kiefer, Production Assistant to the Director (akiefer@ametsoc.org).

For Office Use Only

Application received:

Package ID #:

Author Last Name:

Cost:

Pages:

Figures:

Color:

[v. 9 February, 2010]

1. Corresponding author name:

2. Email address:

3. Phone/fax

4. Affiliation(s):

5. Manuscript Title:

6. Package ID / Manuscript #:

7. Please detail the circumstances that prevent you paying page charges in full or partially:

8. Please list any grants supporting the research described in your paper (list the granting agency, program, and grant ID). Indicate whether or not page charges are budgeted for in the grant(s), and whether or not you have requested that page charges be covered. Also give the dates for any funding deadlines for the grant(s).

I certify that neither I nor any of my coauthors have received a full waiver of page charges within the past 12 months for any AMS manuscript not rejected or withdrawn. Note that any color charges paid in the past 12 months are separate and distinct from full page-charge waivers.

Signature and date

10. Please list all co-authors on this paper and their affiliations. **Duplicate this page for additional pages if necessary.** Authors seeking full waivers are expected to have approached all their co-authors and requested assistance in covering page charges. For each co-author, please indicate the reason they cannot contribute.

If you are the sole author on this paper, please check here:

Co-author name:

Affiliation(s):

Circumstances preventing contribution toward page charges:

I certify that neither I nor any of my coauthors have received a full waiver of page charges within the past 12 months for any AMS manuscript not rejected or withdrawn. Note that any color charges paid in the past 12 months are separate and distinct from full page-charge waivers.

Signature and date

Co-author name:

Affiliation(s):

Circumstances preventing contribution toward page charges:

I certify that neither I nor any of my coauthors have received a full waiver of page charges within the past 12 months for any AMS manuscript not rejected or withdrawn. Note that any color charges paid in the past 12 months are separate and distinct from full page-charge waivers.

Signature and date