

REQUEST FOR WAIVER OF STUDENT FEES

- The instructor completes this form, obtains the approval of the department head, and submits it to the University Registrar's Office.
- A separate form must be used for each course and/or if more students are in the course than can be listed on one form.

Year: _____ Term: Fall Spring Summer I Summer II Course: _____ Department: _____
Course number and section (e.g., ENG 101-04)

*A waiver of student fees is requested for the students listed below.
 These students are placed in internships at locations beyond a 50-mile radius of the University and do not commute to campus for any class attendance.*

Instructor: _____ Department Head: _____
Printed Name Signature Printed Name Signature

Name University ID #	Home Address <i>(include city and state)</i>	Placement <i>(include city and state)</i>	REGISTRATION CONFIRMATION
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

URO OFFICE USE ONLY	Received By: _____	Date: _____	Verified By: _____	Date: _____	UROC 7/2009