



DIVISION OF BUSINESS & FINANCE
Office of the Bursar

FEE WAIVER REQUEST

Student Name: _____ Student ID #: 700- _____ - _____

Semester: _____

I respectfully request a waiver of the following fees for the reason stated below:

(Please check which fees you are requesting to be considered)

_____ Health Service Fee

_____ Intercollegiate Athletic Fee

_____ Transportation Fee

_____ Other (specify) _____

Reason: _____

Signature of Student: _____ Date Submitted: _____

For Office Use:

Received by: _____ Date: _____

Approved by: _____ Date: _____