



Application to Appeal for a Fee Waiver

This appeal is to request that a fee waiver be accepted and applied for the term specified after the deadline date. It is the student's responsibility to pay for any charges due on their account. **All fee waiver appeals must be submitted within one year from the term being appealed.**

To be completed by Fee Waiver Holder:

CWID: _____	Reason I qualify for waiver:	Appeal Requested for Term (circle one): Summer Spring Fall year _____						
	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">Staff</td> <td style="padding: 2px;">Faculty</td> <td style="padding: 2px;">Dependent</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Staff	Faculty	Dependent				
Staff	Faculty	Dependent						
Name: _____								
(Print)	Last,	First						
		MI						
<u>Please make sure Student Center has your current address.</u>								
E-mail address: _____		Contact number: _____						
_____ Student's Signature		_____ Date						
(Please use Blue or Black ink and <u>DO NOT</u> write on the back of this form).								

I am requesting my fee waiver be accepted and applied after the published deadlines. My reasons fall into one of the following exceptions, and I am submitting with proper documentation. I understand that this request will be reviewed by the Fee Waiver Appeals Committee and that their decision is final.

Military Service: Attach copy of U.S. military compulsory orders.

Other: Please describe in detail and attach all supporting documents.

Fee Waiver Holder Signature

Date

Appeals Committee Use Only:

<input type="checkbox"/> Approved: Current Term _____.
<input type="checkbox"/> Approved: Prior Terms _____.
<input type="checkbox"/> Denied: Respond with letter, reason for denial attached.
_____ Authorized Signature
_____ Date

Administration Use Only:

<input type="checkbox"/> Refund Approval.
<input type="checkbox"/> Department Instructions: _____
_____ Verified by Administrative Representative
_____ Date