

Student Representation Fee Waiver Form

Name (Print): _____
Last First MI

Social Security Number: -- --

Term: Fall Summer Spring Year: _____ (Please Indicate Year!)

I, the above named student, wish to waive the \$1.00 Student Representation Fee, for the term selected above, for the following reason:

Please check only one - Moral Religious Political Financial

This form must be completed, signed, and submitted to the Registration Department either with or prior to sending payment for classes. Students choosing to waive this fee must do so every semester. Please double check that you have completed this form entirely. Failure to complete this form may result in this fee not being waived. Any amount owed beyond the payment deadline may result in your classes being dropped for non-payment.

Student Signature: _____

Today's Date: / /