

Continuation Fee Waiver Request

(For the Office of Doctoral Studies: Norton 115)

Please note, this form applies to program fee students who paid the program fee in full and are about to be charged a continuation fee for the following semester. These students have submitted defense drafts, that have been approved by their supervisor by the respective due date.

Student Name _____ ID # _____

Semester of matriculation: _____ Semester to be waived: _____

Address: _____

Phone: (____) _____

Degree: _____ Semesters in program: _____

Fees being waived: Student Tuition

Student enrollment fees or other: (please explain) _____

Reason for Waiver Request: _____

Student Signature

Date

(N.B., You must still fill out the "Student Information Form" and register online for "dissertation writing and research." Failure to do so may delay graduation and/or notification of important deadlines.)

This request requires signatures of both individuals named below:

Approve Deny

Approve Deny

Supervisor

Date

Director of Research Doctoral Studies

Date

For Academic Records Office Use Only

Registration Verified

Initials

Date

Charges / Waiver Processed

Initials

Date

Debit A/C No. 01-0240-0000-4095

Notes _____