



Office of the Registrar
 Summerville Campus
 Rains Hall
 (706) 446-1430
 records@augusta.edu

REQUEST FOR RELEASE FROM MANDATORY FEES

For your convenience, we accept forms via email at records@augusta.edu. We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically, can be found at <https://www.augusta.edu/esignature/>.

Mandatory Student Fee Waiver Policy: <https://www.augusta.edu/compliance/policyinfo/policy/mandatory-student-fee-waiver-policy.pdf>

Mandatory student fees are defined as fees that are paid by all students as required by the Board of Regents or as required by the institution subject to approval by the Board of Regents including, but not limited to: Intercollegiate Athletic fees, Student Health fees, Transportation fees, Student Activity fees, Wellness Center fees, Technology fees, and Student Facility fees (JSAC).

Mandatory Student Fee Waiver Deadline

Fall Semester: August 1

Spring Semester: December 1

Summer Semester: May 1

PART 1: STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____

<p>Current Mailing Address</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p>	<p>Address During Waived Semester</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p>
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PART 2: REQUEST INFORMATION

Term of Mandatory Fee Waiver Request: Fall Spring Summer 20 ____

Applicable Fees to be Waived: (Check all that apply.)

Athletic Fee Student Activity Fee Transportation Fee Wellness/Recreation Fee Student Health Fee

Mandatory Fee Waiver Criteria:

Assigned to one of our off-site clinical campuses and who relocate to one of those campuses for the remainder of their program.*

*Note: For medical students who are assigned to one of our off-site clinical campuses, the fee waiver will apply to the Spring Term of their 3rd year and the Fall & Spring term of their 4th year only to account for the required 10 week AU Health/Augusta site rotation.

*Note: MCG students require the approval of the Vice Dean.

Enrolled in practicum experiences or internships located at least 75 miles from the institution requiring the student to temporarily relocate during that term.

City: _____ State: _____

Participating in distance-learning courses or programs and who are not also enrolled in on-campus courses nor residing on campus.

Participating in a study-abroad program for an entire semester and not enrolled in courses taught on campus. (The summer terms are considered one semester).

Study Abroad Course: (Subject, Course, and Title) _____

PART 3: REQUIRED SIGNATURES

Student Printed Name _____ Student Signature _____ Date _____

Major Department Chair or Program Director Printed Name _____ Major Department Chair or Program Director Signature _____ Date _____

*MCG Vice Dean Printed Name _____ *MCG Vice Dean Signature _____ Date _____

PART 4: REGISTRAR USE ONLY

Date Received: _____ Received By: _____ Processed By: _____ Date Processed: _____