

Date Received:

_____ Received by: ____

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 <u>records@augusta.edu</u>. We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically, can be found at <u>https://www.augusta.edu/esignature/</u>.

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 is 12PM EST on the last day of add/drop for the full term in which the fees are due.

PART 1: STUDE	ENT INFORMATION						
First Name:	Name: Middle Initial:		Last Name:		Student ID:		
PART 2: REQUI	EST INFORMATION						
				n): This form is valid for Sun 2024. Please check our y		G will be	
	be Waived: All fees below nents. MCG students are			MCG students submitting ne Student Health Fee.	the completed form who	o meet one of	
Athletic Fee	Student Activity Fee	Transportatio	on Fee	Wellness/Recreation Fee	Student Health Fee		
*Note: For media the Fall & Spring *Note: MCG stud	e of our off-site clinical ca cal students who are assigned term of their 4th year only to ents required the approval of cticum experiences or inte	d to one of our o account for the the Vice Dean.	ff-site clinic required 10	e to one of those campuses al campuses, the fee waiver wil) week AU Health/Augusta site 75 miles from the institution	II apply to the Spring Term o rotation.	f their 3 rd year and	
-	City:State: Participating in distance-learning courses or programs (all registered classes are listed as entirely, or fully, at a distance on the						
	a study-abroad program			courses nor residing on car nd not enrolled in courses ta		ımmer terms are	
Study Abroad	Course: (Subject, Course,	and Title)					
PART 3: REQUI	RED SIGNATURES						
Student Printed Na	me		udent Sigr	ature		Date	
Academic Advisement Director/Major Department Chair/Program Director Printed Name			Academic Advisement Director/Major Departm Chair/Program Director Signature		epartment	Date	
*MCG Vice Dean Pr	rinted Name	M	CG Vice De	ean Signature		Date	
PART 4: REGIS	TRAR'S OFFICE ON	LY					

_____ Processed by: _____ Date Processed: _