AUGUSTA UNIVERSITY

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

PART 1: STUDENT INFORMATION

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

PART 2: REQUEST INFORMATION

Term of Mandatory Fee Waiver Request (must be submitted each term): This form is valid for Summer 2024 only. The USG will be sending out a new policy for Mandatory Fee Waivers effective Fall 2024. Please check our website for updates.

Applicable Fees to be Waived: All fees below will be waived for non-MCG students submitting the completed form who meet one of the below requirements. MCG students are not eligible to waive the Student Health Fee.

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 required 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 the term.

City: _____ **State:** _____

Participating in distance-learning courses or programs (all registered classes are listed as entirely, or fully, at a distance on the schedule of classes) 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**
_____	_____	_____
Academic Advisement Director/Major Department Chair/Program Director Printed Name	**Academic Advisement Director/Major Department Chair/Program Director Signature**	**Date**
_____	_____	_____
***MCG Vice Dean Printed Name**	**MCG Vice Dean Signature**	**Date**

PART 4: REGISTRAR'S OFFICE ONLY

Date Received: _____ **Received by:** _____ **Processed by:** _____ **Date Processed:** _____