

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. 310DE	ENTINFORMATION					
First Name:	Middle	Initial:	Last Name:		Student ID:	
PART 2: REQUI	EST 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.						
	be Waived: All fees below ments. MCG students are				ne completed form who	o meet one of
Athletic Fee	Student Activity Fee	Transporta	tion Fee Wellness/	Recreation Fee	Student Health Fee	
Mandatory Fee Wai	ver 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.						
Note: mod stadente required the approval of the Death.						
Enrolled in practicum experiences or internships located at least 75 miles from the institution <u>requiring the student to temporarily</u> <u>relocate during the term.</u>						
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: REOUI	IRED SIGNATURES					
17/1(1 0. NEQ01	MED GIGHTATORES					
						
Student Printed Name		S	Student Signature			Date
Academic Adviseme	ent Director/Major Depart	—— – ment A	Academic Advisement D	irector/Major Der		 Date
Chair/Program Director Printed Name			Chair/Program Director		7	
*MCG Vice Dean Printed Name		N	MCG Vice Dean Signatui	re ·		Date
PART 4: REGIS	TRAR'S OFFICE ON	LY				
Date Received:	Received by: _		Processed by:		Date Processed:	