

REQUEST FOR PARTIAL FEE REDUCTION

Please Read Carefully

1. This form is used when requesting a 50% reduction of the quarterly Tuition Fee and must be submitted to the Office of the Registrar. A petition for a Deficit Load should be simultaneously submitted to your College's advising office.
2. Approval of the Deficit Load petition does not result in an automatic approval for partial fee reduction as there are different requirements and deadlines for each petition.
3. Approved fee reductions will not be applied to your BARC account until the end of the 5th week of the quarter; and, in some cases, not until the end of the quarter. Therefore, you are responsible for the payment all quarterly fees by the payment deadline.
4. To qualify, students must take the following steps:
 - a. Submit this petition before the first day of instruction.
 - b. Submit the Deficit Load petition to your College several weeks before the first day of instruction. *You must be approved for a deficit load to be considered for a partial fee reduction.*
5. Confirm you are enrolled in 10 units or less at the time you submit this form. If, at any time during the quarter, your enrollment exceeds 10 units your refund will be cancelled.
6. Meet one of the following:
 - Employed more than 20 hours per week for pay (most recent pay statement must be attached),
 - Have documented special medical circumstances (medical/doctor's statement must be attached),
 - Have declared candidacy for the requested quarter and enrolled in 10 units or less (valid for one quarter only), **or**
 - Have family responsibilities, such as dependent children (documentation and verification will depend on circumstances).

Your petition will be denied if the deadline is not met, supporting documentation is not attached, or you do not meet one of the criteria listed above.

Name _____ **Perm** _____
Last First Middle

Local Address _____
Street City State Zip

Umail _____ Phone (____) _____

Please check the appropriate reason below and provide specific information concerning your request. If more room is needed, please use the back of this form. Your information will be considered confidential and will only be viewed in the Office of the Registrar. If any information provided below cannot be confirmed or is insufficient to justify approval, your request will be denied.

Partial fee reductions are applicable during the quarter for which the request is submitted. Fee reductions do not apply to Summer term.

Reason: Family Medical Employment Degree Candidate Quarter: Fall _____ Winter _____ Spring _____
Year Year Year

Your petition will be denied if the deadline is not met, supporting documentation is not attached, or you do not meet one of the criteria listed above.

By signing this form, I confirm all the information above is true and accurate. I also confirm that I have read the instructions and understand my responsibilities. I understand that all correspondence regarding the review of my petition will be sent to my Umail address. If my petition is approved, the credit will sent to my BARC account after the 5th week of the quarter. In some cases, the application of the credit may take longer. I also understand that if my enrollment exceeds 10 units any time during the quarter the fee reduction will be cancelled and my BARC account will be charged the full amount.

Student Signature _____ Date _____

Office Use Only
 Committee Decision: Approved Denied Processed by _____ Date _____
 Comments: _____