

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 office. This form should **not** be used to request a refund due to a complete withdraw from the University.
2. Approval for partial fee reduction is not automatic. To qualify for a reduction of the tuition fee, the following verifiable criteria must be met:
 - a. Both this petition and your petition for deficit program must be submitted before the first day of instruction and your college must subsequently approve the deficit program petition.
 - b. You must be enrolled in 10 units or less at the time you submit this form. If you are enrolled in more than 10 units, you must note your plans to drop courses below. If, at any time during the quarter, your enrollment exceeds 10 units your refund will be cancelled.
 - c. You must meet one of the following:
 - Employed more than 20 hours per week for pay (**proof of employment must be attached**), or
 - Have documented special medical circumstances (**medical/doctor's statement must be attached**), or
 - Have family responsibilities, such as dependent children.

Your petition for a refund 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. Partial fee reductions are applicable only during the quarter for which the request is submitted.

Name _____ Perm _____
Last First Middle

Local Address _____
Street City State Zip

E-mail _____ Phone (____) _____

Deficit programs will be approved for justifiable and verifiable reasons as noted above. Taking courses at another college or university while attending UCSB is not an appropriate reason for fee reduction and is not permitted during Fall, Winter, and Spring quarters. 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.

Reason: Family Medical Employment Effective Quarter: Fall _____ Winter _____ Spring _____
Year Year Year

Current Class Schedule

Course(s) to be Dropped

Subject	Units	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subject	Units	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this form, I confirm all the information above is true and accurate. I understand that I must pay my BA/RC account in full by the payment deadline. I also understand that correspondence regarding the review of my petition will be sent to my listed email. If my petition is approved, the credit will sent to my BA/RC account at roughly week 4 or at the end of term, depending on when the petition is processed. I also understand that if my enrollment exceeds 10 units any time during the quarter my refund will be cancelled.

Student Signature _____ Date _____

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

