REQUEST FOR FEE WAIVER

Instructions:
1. Read the information below. If the situation meets the criteria noted, complete this petition.
2. Obtain verifying signatures and attach supporting documents.
3. Submit the signed, complete petition to the Office of the Registrar.

Directive from the President of the University, June 26, 1963
Student fines and penalties are waived under the following regulation:
1. The decision to waive a specific student fine or penalty shall be the sole responsibility of the office assessing that fine or penalty.
2. Student fines and penalties shall be waived only if they result from action or inaction on the part of the University, not the student. Additionally, a waiver should be granted to each student whose failure to act was caused by a sudden and debilitating illness or accident.

Name ____________________________________________________________
Perm ____________________________________________

Address
Last First Middle

Street City State Zip

U-Mail __________________________ Phone (______)____________________

Action Requested:
Waiver of $50 Late Registration fee for:  □ Fall  □ Winter  □ Spring
Year  Year  Year
Waiver of $50 Late Payment fee for:   □ Fall  □ Winter  □ Spring
Year  Year  Year
Waiver of $3 Schedule Adjustment fee for: □ Fall  □ Winter  □ Spring
Year  Year  Year
Waiver of $250 Retroactive Registration fee for: Summer
Year

Reason for the request:
NOTE – If the request is not due to University error, provide details of the circumstances and attach supporting documents.

Student Signature __________________________ Date ______________

NOTE – If the request is due to University error, a representative must sign and attach written justification to this form.

Representative’s Name and Title __________________________________________
Dept __________________________

Representative’s Signature __________________________ Date ______________

Office of the Registrar Use Only
Recommendation ____________________________________________
Committee Decision: □ Approved  □ Denied
Code ____________  Date ____________  Initials ____________

Office of the Registrar
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Santa Barbara, CA 93106-2015
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Registration@sa.ucsb.edu
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