



University of California  
Santa Barbara

# REQUEST FOR FEE WAIVER

Office of the Registrar  
University of California, Santa Barbara  
Santa Barbara, CA 93106-2015  
Registration@sa.ucsb.edu  
http://www.registrar.ucsb.edu

**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 \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
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**

<i>Office of the Registrar Use Only</i>	
Recommendation _____	Committee Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Code _____	Date _____
Initials _____	

