Exercise Biology Program

Request for Waiver of Course Materials Fee

Name:_____ Student ID:_____

E-mail:_____ Phone:_____

Year (circle) FR SO JR SR GR Quarter (circle): Fall Winter Spring _____ Year

Course:_____ Instructor:_____

Describe why the fee should be waived:

I certify that the above statements are true and that I am unable to pay the course materials fee.

Signature:_____ Date:_____

Complete and return to the Exercise Biology Program administrative office (264 Hickey Gym) before the **10-day** drop date for this quarter.

Students who were not automatically exempted from the fee by being a Pell Grant eligible financial aid student, but cannot pay the fee, will be responsible for seeking a waiver from the program and providing the required documentation before the **10th** day of instruction.