

Course/Program Fee Waiver

Please read prior to completing form. This form may be submitted for fees confirmed waivable under the **US Department of Education on Cash Management Regulations (34 CFR 668)**. This form must be completed for each course/program fee in which the student requests fees waived, and the form(s) must be submitted to the Student Accounting Department prior to the end of the applicable semester add/drop period each semester the student is requesting the waiver. Forms will not be reviewed after the semester add/drop period. There are no exceptions to this policy. A listing of VCU fees confirmed waivable per the regulation can be found online.

Please note: If you opt-out of paying that portion of the charge, it will be your responsibility to timely obtain the necessary books or supplies for that course/program and cover the costs for those books and supplies. Once you choose to opt-out of applying Title IV funds to the books and supplies, you may not subsequently rescind this request.

Name _____ VCU Student Number:

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Last First MI

_____ Semester _____
 School of Study (applicable to fee)

Major/Program Fee
 Course Fee

***If course fee, please provide course information below.**

Subject	Course No.	Section No.	Description of Fee				Fee Cost		

Student statement of understanding

I hereby acknowledge and declare that:

- (i) I am authorizing the Student Accounting Department to waive the fee
- (ii) I am electing to opt out of paying this fee
- (iii) I understand that it is my responsibility to purchase items provided by this fee
- (iv) I am aware that this decision may not be later rescinded

Student Signature (Required) _____ Date _____

**Please return completed form to the
 Virginia Commonwealth University
 Student Accounting Department**

1015 Floyd Ave., First Floor
 P.O. Box 843036
 Richmond, VA 23284-3036
 (804) 828- 5463 Fax
 stuacctg@vcu.edu

Student Accounting use ONLY

Portion of Fee Waived: \$ _____

Fee Description: _____

Course Number: _____

Major/Program: _____

_____ Student Account Representative _____ Date



Student Accounting • 1015 Floyd Ave., 1st Floor • P.O. Box 843036 • Richmond, VA 23284 • Student Services Call Center (804) 828-1550

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