Tuition/Fee Waiver Request
(For the Office of Doctoral Studies: Norton 146)

Please note, this form applies to students who have submitted defense drafts that have been approved by their supervisors before or on the due date for dissertations for each semester.

Student Name________________________________ ID #_____________________

Semester to be waived: _______________________

Address: _____________________________________________________________

Phone: (hm) ___________________________ (wk) __________________________

Degree: ___________________ Length in program: _____________________

Fees being waived: □ Student Tuition
□ Student enrollment fees or other: (please explain) __________

Reason for Waiver Request: _______________________________________________

___________________________________      __________ __
Student Signature                Date

(N.B., You must still fill out the “Student Information Form” and register online for “dissertation writing and research.” Failure to do so may delay graduation and/or notification of important deadlines.)

This request requires signatures of both individuals named below:

□ Approve    □ Deny    □ Approve    □ Deny

___________________________________      __________ __
Supervisor                Date               __________ __
Director - Research Doctoral Studies         Date

For Academic Records Office Use Only
Registration Verified               __________ __
Charges / Waiver Processed         Debit A/C No. 01-0240-0000-4095

Notes_______________________________________________________________

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