UTSA Financial Affairs

Request for Fee Waiver for Qualifying Educational Programs

Used to request a waiver of mandatory fees as allowed by the Board of Regents incidental fees policy.

Instructions: All fields must be completed. One form is required for each educational program. Send completed form after securing appropriate signatures and supporting documents Financial Services & University Bursar, in advance of payment deadlines.

Section 1: Program and Student Information							
Select Program	Name:			Location:			
Program/Course Name:				Course Reference Number (CRN):			
Semester:	Year:	Duration (if different from semester) Start Date: End Date:			ate:		
Section 2: Student Detail							
Student Name	(Last, First)	Banner ID	Student Name (Last	, First)	Banner ID		
1.			21.				
2.			22.				
3.			23.				
4.			24.				
5.			25.				
6.			26.				
7.			27				
8.			28.				
9.			29.				
10.			30.				
11.			31.				
12.			32.				
13.			33.				
14.			34.				
15.			35.				
16.			36.				
17.			37.				
18. 19.			38.				
20.			39. 40.				
	Peguested to be Waived		40.				
Section 3: Fees Requested to be Waived							
Select all that apply: Athletics Fee Recreation Center Fee Other							
Athletics Fee			Recreation Center Fee				
Library Resources Charge		Student Union Fee		Other			
Medical Services Fee		Transportation Fee		Other			
Section 4: Reason for the Waiver							
Select the reason that best applies or select other and indicate below: for the entire duration of this program							
Other:				·			
1							

Questions - Contact Financial Services & University Bursar (210) 458-4221, financial.services@utsa.edu

UTSA Financial Affairs

Section 5: Approval Authorization						
*I certify that the course numbers listed above are NOT part of the Reciprocal Educational Exchange Program which requires funding parity by a balance of incoming and outgoing exchange students (TAC Rule 21.901, 21.910).						
Admin or Dean Name:	Dept Contact:	Location				
Title: E	mail:	Phone Number:				
Responsible Parties	Signature	Date				
*I (the undersigned) certify that the information included in this request is accurate and in accordance with applicable campus policies and procedures.						
Approved by Name:						
(Dean)						
Approved by Name:						
(Provost, AVP, VP, on behalf of Academic Affairs)						
Approved by Name:						
(Asst VP of Financial Services & University	Bursar)					
Office of Financial Services & University Bursar Processing Only						
Date Received:	Date	Date Contact				
	Processed:	Notified:				

Once sections 1 – 4 are completed and approvals and signatures are obtained for Section 5, forward the original document to **financial.services@utsa.edu.** If an agreement or document supports this request, include an attached copy in the email.

Yes

Does Blanket Presidential Authorization Apply?

No, Separate Authorization Obtained