University of Wisconsin-Milwaukee Special Course Fee Waiver Form *

| Student Information: | | | |
|----------------------|------------|-------------------|------|
| Last Name | First Name | Campus or Empl ID | Term |

| Last Name | First Name | Campus or Empl ID | Term |
|-----------|------------|-------------------|------|
| | | | |
| | | | |

Date

Special Course Fee Information:

| Class Number | Subject | Catalog/Section | Amount |
|-------------------|---------|-----------------|--------|
| | | | |
| | | | |
| Reason for | | | |
| Waiving Charge(s) | | | |

^{*}Students will be charged by a College for his/her program materials for courses requiring a Special Course Fee for program materials. Students may opt out and receive a Special Course Fee Waiver by contacting the program instructor and provide proof of purchase to the instructor on or before the second Friday of the relevant term. If contact is not made and proof of purchase is not provided on or before the second Friday of the relevant term, the student will be deemed to have opted in. Students opting out of this process will be reimbursed for the cost of program materials paid to their student account, up to the special course fee amount, be personally responsible to acquire these materials, and responsible to provide proof of purchase. Materials may cost significantly more when not obtained through the College.

Department Authorization:

| Department Name: | |
|---------------------------|------------------------|
| | |
| Instructor – Printed Name | UBR – Printed Name |
| modución i inica italic | OSI. Timed Name |
| | |
| Phone Number and Email | Phone Number and Email |
| | |
| | |
| Signature | Signature |
| | |
| | |

Submit the completed form to the Accounts Receivable Office in Mitchell Hall, Room 295.