



Office of the Registrar
 Summerville Campus
 Rains Hall
 (706) 446-1430
 records@augusta.edu

REQUEST FOR REDUCTION OF MANDATORY FEES

For your convenience, we accept forms via email at records@augusta.edu. We encourage you to use an electronic signature to help expedite the process. Instructions for signing documents electronically, can be found at <https://www.augusta.edu/esignature/>.

Mandatory student fees are defined as fees that are paid by all students as required by the Board of Regents or as required by the institution subject to approval by the Board of Regents including, but not limited to: Intercollegiate Athletic fees, Student Health fees, Transportation fees, Student Activity fees, Wellness Center fees, Technology fees, and Student Facility fees (JSAC).

Mandatory Student Fee Reduction form submittal deadline is 5PM EST on the last day of add/drop for the full term in which the fees are due.

PART 1: STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____

PART 2: REQUEST INFORMATION

Term of Mandatory Fee Reduction Request (must be submitted each term): Spring Summer Fall 20

Applicable Fees to be Waived: All fees below will be waived for non-MCG students submitting the completed form who meet one of the below requirements. MCG students are not eligible to waive the Student Health Fee.

Athletic Fee Student Activity Fee Transportation Fee Wellness/Recreation Fee Student Health Fee

Mandatory Fee Reduction Criteria:

Enrolled in practicum experiences or internships located at least 75 miles from the institution requiring the student to temporarily relocate during the term.

City: _____ State: _____

Participating in a study-abroad program for an entire semester and not enrolled in courses taught on campus. (The summer terms are considered one semester).

Study Abroad Course: (Subject, Course, and Title) _____

PART 3: REQUIRED SIGNATURES

 Student Printed Name

 Student Signature

 Date

 Academic Advisement Director/Major Department
 Chair/Program Director Printed Name

 Academic Advisement Director/Major Department
 Chair/Program Director Signature

 Date

 *MCG Vice Dean Printed Name

 MCG Vice Dean Signature

 Date

PART 4: REGISTRAR'S OFFICE ONLY

Date Received: _____ Received by: _____ Processed by: _____ Date Processed: _____