Comprehensive Fee Waiver Request

Return form to: Office of Student Accounts
University at Buffalo
232 Capen Hall
Buffalo, NY 14260
Phone: 716-645-1800  Fax: 716-645-7760
Email: UBstudentaccounts@buffalo.edu

Fall 2016- September 6, 2016

Last Name: ___________________________  First Name: ___________________________  MI: ______  UB Person Number: ___________________________

To be eligible for a partial waiver of the Comprehensive Fee, all of the following criteria must be met:
1) Study takes place outside of the University at Buffalo grounds and
2) The student DOES NOT have a current UB parking permit

You must include the following to complete your fee waiver:
1) Written verification from your academic department that the courses for which you are registered are not held on University campuses and do not require you to use any University facilities.
2) Your parking permit for the current academic year (if you were issued one)

If you meet all of the above criteria, you may be considered for a partial waiver of the Comprehensive Fee. Students may be eligible to waive the Health Services, Transportation, Campus Life and Athletics Fee. The College Fee, Technology Fee and Transcript Fee cannot be waived. You may apply for a waiver for the current or next semester. You must submit a new waiver for each semester. Please provide the following information.

Date: __________________________

Address: ____________________________________________________________

City ___________________________ State ______ Postal Code ___________

Daytime Phone: __________________________

Email Address: __________________________

Semester (for which you are requesting a waiver): __________________________

Reason for request: __________________________________________________

Please Note: Your waiver will not be processed if we do not have written verification from your academic department that the courses for which you are registered are not held on University campuses and do not require you to use any University facilities.

Last Updated: 2/2016
Department Verification

Student Information

Last Name: ___________________________  First Name: ___________________________  MI: _____  UB Person Number: ________________

Semester (for which you are requesting a waiver): ___________________________

I am verifying that the student listed above is not taking classes held on University campuses AND they are not required to use any University facilities for the semester listed.

Name: ___________________________

Department: ___________________________

Signature: ___________________________