Request for Fee Waiver for Students Enrolled Exclusively in On-line Courses

THIS WAIVER MUST BE RECEIVED BY THE CASHIER NO LATER THEN THE END OF THE FIRST WEEK OF CLASS

Online Course Fee Policy

1. Students enrolled **exclusively** in online courses may request exemption from the following fees:
   -Campus Development -Student Union-Bond -Fitness Center
   -Student Government/SGA -Student Union-Operations
2. All students must pay the Computer Lab Services fee.
3. Students exercising this option will not be issued a Mountaineer Card and will forego the rights to services and extracurricular benefits provided through these fees.
4. Students enrolled in at least one credit of non-online courses must pay all mandatory fees for all credits enrolled, including online course credits.
5. Online courses, as used in this policy, are defined and designated as such by the Academic Affairs Office.

→Student Name_____ Phone # (____)_____

→Student ID Number (SS#)_____

√Check all courses for which you are enrolled.

Distance Ed Courses – Fall 2009

CRN	Course #	Title	Credits
25108	EDUC 400	FNDTNS FOR LITERACY : PHONOLOGY	3_____
25887	EDUC 402	READING COMPREHENSION LANG DEV	3_____
25888	EDUC 402	READING COMPREHENSION LANG DEV	3_____
25890	EDUC 402	READING COMPREHENSION LANG DEV	3_____
25102	EDUC 404	CREATING POS LEARNING ENVRNMTS	3_____
25499	EDUC 405	DATA DRIVEN INSTR PRACTICES	3_____
25103	EDUC 405	DATA DRIVEN INSTR PRACTICES	3_____
25525	EDUC 411	DIFFERNTTNG INSTR DIVRS NEEDS	3_____
25111	EDUC 412	AFFECTIVE AND BEHAVIORAL NEEDS	3_____
22576	ESS 275	MOTOR DEVELOPMENT AND LEARNING	3_____

I understand that by not paying the fees for which this waiver applies, I waive my rights to services and extracurricular benefits provided through these fees. Also, if I am enrolled for any other WSC courses this waiver may be revoked and\or denied.

STUDENTS DROPPING ON-LINE COURSES AFTER THIS WAIVER HAS BEEN PROCESSED MUST CONTACT THE CASHIER OFFICE (970-943-3003) AND COULD END UP OWING ADDITIONAL CHARGES.

X_____ X_____

Student Signature Date

For Office Use Only:

_____ Fee Waiver Approved _____ Fee Waiver Denied

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Signature of Student Financial Services Staff Date