Request For Fee Waiver Form

Date: ___________

Type of Fee: (please circle one)  Late Fee    Finance Charge

Student’s Name ______________________________, ____________________________________________
   Last                  First              Middle
Student ID (VT Banner No.) ________________________________ Carilion Badge ID _________________________

Student E-mail __________________________________________

Current Status: [ ] M1 [ ] M2 [ ] M3 [ ] M4

I have read and understand the VTCSOM LATE FEE, and/or the VTCSOM FINANCE CHARGE POLICY
As stated in the VTCSOM handbook at http://medicine.vtc.vt.edu/student_affairs/handbook/

This request is for: ________________________________

- The deadline for Fee Waiver Requests is the end of the term in which the fee occurred.
- All Fee Waiver Requests must be filed by the student/account holder. Requests filed by a third party will NOT be considered.

Reason for request: (be sure to attach any relevant documentation)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

*Please allow 2 weeks for Accounts Receivable to research your request. You will have to pay the late fee/finance charge. If your request is approved you will be refunded.