# Request For Fee Waiver Form

**Date:** ___________

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

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<th>Middle</th>
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<tr>
<th>Student ID (VT Banner No.)</th>
<th>Carilion Badge ID</th>
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**Student E-mail:** ____________________________

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

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*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/](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.*