

Student Course Fee Opt-Out Request

Students wishing to exercise their right to opt-out of an eligible course fee should complete this form, sign and return it to the Student Accounts Office by the end of the add/drop period for the current course term.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Course Subject/Course#  (i.e. Anth 425) | Class Title/Description | Course Fee |
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I have verified via the Student Accounts Office website that the above referenced course(s) and associated fee(s) are eligible for students to opt-out. I also understand that by opting out of these fees I will not be entitled to the automatic delivery of the book/material(s) that other students received who chose not to opt-out. I fully accept the responsibility to obtain these items on my own and understand that failure to do so timely may impact my ability to stay current in class and may affect my academic success.

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Student Signature Date

|  |  |
| --- | --- |
| Staff Use Only | |
| Student Accounts Signature/Date Received | Department Notified/Date of opt-out |
| Credit/Comment Posted – Student Accounts Signature/Date posted | Detail Code Posted: \_\_\_\_\_  Amount Posted: \_\_\_\_\_\_\_\_ |