

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)

**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.*