UCSB

University of California

Santa Barbara

REQUEST FOR FEE WAIVER

Office of the Registrar
University of California, Santa Barbara
Santa Barbara, CA 93106-2015

Registration@sa.ucsb.edu
https://registrar.sa.ucsb.edu/

Requests for a fee waiver must be submitted during the fiscal year in which the fees were incurred. Any petitions or documentation submitted outside of this time frame will not be considered. The fiscal year begins on July 1 and ends on June 30 of the following calendar year.

Instructions:
1. Read the information below. If the situation meets the criteria noted, complete this petition.
2. Obtain verifying signatures and attach supporting documents.
3. Submit the signed, complete petition to the Office of the Registrar.

Directive from the President of the University, June 26, 1963
Student fines and penalties are waived under the following regulation:
1. The decision to waive a specific student fine or penalty shall be the sole responsibility of the office assessing that fine or penalty.
2. Student fines and penalties shall be waived only if they result from action or inaction on the part of the University, not the student. Additionally, a waiver should be granted to each student whose failure to act was caused by a sudden and debilitating illness or accident.

Name _____   **Perm** _____
　　　　　Last　　　　　　First　　　　　Middle

Address _____
　　　　　　Street　　　　　City　　　　　State　　　Zip

U-Mail _____   **Phone (____)_____**

Action Requested:
Waiver of $3 **Schedule Adjustment** fee for:　❑ **Fall** _____　❑ **Winter** _____　❑ **Spring** _____
　　　　　　　　　　　　　　　　　　　　　　Year　　　　　　Year　　　　　　Year

Waiver of $250 **Retroactive Registration** fee for:　**Summer** _____
　　　　　　　　　　　　　　　　　　　　　　　　　　　Year

Reason for the request:
NOTE – If the request is not due to University error, provide details of the circumstances and attach supporting documents.

_____　_____
Student Signature　　　　　　　　　　　　　　　　**Date**

NOTE – If the request is due to University error, a representative must sign and attach written justification to this form.

_____　_____
Representative's Name and Title　　　　　　　　**Dept**

_____　_____
Representative's Signature　　　　　　　　　　　**Date**

Office of the Registrar Use Only

Recommendation _____　**Committee Decision:** ❑ **Approved** ❑ **Denied**

Code _____　**Date** _____　**Initials** _____

Revised 11/22/2024 SS