TO BE COMPLETED BY STUDENT OR DEPARTMENT ADVISOR/INSTRUCTOR

Semester (Summer, Fall, Spring)
OR Year Term (1, 3, 5)

Student’s Last Name______________________________________ Student’s First Name______________________________________
Warrior ID #________________

Cr Hr Course ID# Subj Nbr Course Name Course Site (City/State)

Cr Hr Course ID# Subj Nbr Course Name Course Site (City/State)

Cr Hr Course ID# Subj Nbr Course Name Course Site (City/State)

Cr Hr Course ID# Subj Nbr Course Name Course Site (City/State)

PLEASE NOTE – Reduced student fees include the Union Facility Fee, Wellness Fee, Student Life Fee, Athletics Fee & Health Service Fee ONLY. These fees will be reduced in half, if the course(s) qualify. Qualification requires that the course(s) be completed beyond the 50 mile radius from the Winona campus. Reduced fees do not apply to online courses or if you are enrolled concurrently in a Winona or Rochester campus course.

TO BE COMPLETED BY DEPARTMENT ADVISOR/INSTRUCTOR

This student is scheduled for the entire term at a location outside a 50 mile radius from the Winona State University campus and is engaged in the following activity: (check one)

_____ INTERNSHIP 
_____ STUDENT TEACHING
_____ INDEPENDENT STUDY 
_____ MEDICAL TECHNOLOGY

_____ OTHER ______________________________________

Please specify ____________________________________________

WSU Advisor/Instructor’s Signature ___________________________ Department ___________________________ Date ____________

Please return form to: Student Accounts, 225 Maxwell

Student Accounts/Accounts Receivable Office Use Only

201 Term # Cr Hr $ Total Waived

9157 FACILITY USE FEE

9190 WELLNESS CTR FEE

9156 STUDENT LIFE FEE

9172 ATHLETICS FEE

9163 HEALTH SVC FEE DATE ___________ BY __________

REV 04/21/09