

REDUCED STUDENT FEE AUTHORIZATION

****PLEASE NOTE**** – These reduced fees include the **Union Facility Fee, Student Life Fee, and the Health Service Fee ONLY**. All other fees at Winona State University are not affected. These fees will be reduced in half, if you are scheduled for the entire semester at a location 50 miles or more from Winona and are taking no other on-campus course.

_____	_____
Name	Course Location
_____	_____
Social Security Number	Course Number
_____	_____
Semester	Course Title

The reason for this reduced rate is that I am scheduled for the entire semester at a location 50 miles or more from Winona and engaged in the following activity: (check one)

- _____ PRACTICUM / INTERNSHIP
- _____ STUDENT TEACHING
- _____ MEDICAL TECHNOLOGY
- _____ INDEPENDENT STUDY
- _____ OTHER _____
please specify

_____	_____
WSU Advisor's Signature	Date

Department	

Return to your advisor for signature:

(your advisor's name)
(your advisor's department)
Winona State University
Box 5838
Winona, MN 55987

Business Office Use Only

9157 FACIL	AMOUNT	_____		
9256 ST LIFE	AMOUNT	_____		
9172 ATHL	AMOUNT	_____		
9163 HL SVC	AMOUNT	_____	DATE _____	BY _____