TO BE COMPLETED BY STUDENT OR DEPARTMENT ADVISOR/INSTRUCTOR

____________________  2 0 1  __________________
Semester  OR  Year  Term
(Summer, Fall, Spring)  (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)

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. All other fees at Winona State University are not reduced. 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.

Please submit form to: WSU Department Advisor/Instructor

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  #  ______  $  Total Waived

Term  Cr Hr

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