



OFFICE OF THE REGISTRAR

322 Student Union
Stillwater, Oklahoma 74078-1013
405-744-6876 | O
registrar@okstate.edu

SINGLE TERM STUDENT ACTIVITY FEE WAIVER REQUEST

Please submit this form to the Office of the Registrar, 322 Student Union, before the beginning of the semester or summer session to which it applies.

Student Activity Fee Waiver Policy

Students regularly enrolled in the University are assessed fees which provide partial support to programs, services, and organizations that benefit students. Certain groups of students in special courses may be on campus for very short time intervals or may be required by the University to reside away from the campus area for the entire semester, such as an internship course in another city or state. Such students will be prevented from participating in campus activities and will not be charged student activity, health, living group, campus life, student development, and transportation fees.

These fees will be waived for students who are enrolled (1) only in a specialized course(s) offered for a special interest group and are not enrolled in any other course(s) in the University or (2) in a course(s) which requires that the student reside out of area for the entire semester (clinical laboratory science, geology and forestry summer camps, etc.).

Each specialized course(s) must be approved by the Vice President for Academic Affairs or the Registrar prior to the scheduled enrollment. A formal request will be submitted by the Dean of the College to the Registrar's Office indicating the course meets the established criteria. Courses for graduate credit must be countersigned by the Graduate Dean.

(Approved by the deans on September 1979)
(Approved by the president on November 1979)
(Revision approved by the Vice President of Student Services on June 20, 1994; May 29, 1996; and January 2, 2008)
(Revision approved by Instruction Council on January 4, 2008)
(Revision approved by Council of Deans on January 24, 2008)

SEMESTER _____, 20_____ COLLEGE: _____

Course(s) for which student activity activity fee waiver is requested:

Table with 5 columns: CID Number, Course Prefix, Course Number, Course Section, Course Title

Reason(s) for Request: _____

APPROVAL:

Department Head _____ Date _____

Dean _____ Date _____

Dean, Graduate College (required for graduate-level courses) _____ Date _____

Vice President for Academic Affairs or Registrar _____ Date _____