

## Request for Waiver of Course Materials Fee

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Year (circle): FR SO JR SR GR Quarter (circle): Fall Winter Spring  
Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Describe why the fee should be waived.

I certify that the above statements are true and that I am unable to pay the course materials fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete and return to Room 108 Chemistry before the 20-day drop date for this quarter.**