

**University of Minnesota Duluth
Request for Waiver of Student Service Fee**

I am requesting the waiver of the Student Service Fee for:

Student name	ID#	Year	Fall	
		20	Spring	
			Summer	

This student will be registered for 6 credits or more (3 credits or more in summer term). The waiver is based on the following, which will be completed beyond the 75 mile commuting area from the campus:

__ Student Teaching – Location: _____

__ Graduate Research – Location: _____

__ Other – Explain: _____

Signatures	
Supervising faculty	Date
Department head	Date

RETURN this form to: Student Assistance Center, 23 Solon Campus Center

or mail it to: Office of Financial Aid and Registrar,
1049 University Drive
Duluth MN 55812-3011

Phone: 218-726-8000
E-mail: umdhelp@d.umn.edu

for office use only			
Registrar's signature		Date	
Approved		Comments	
Denied			
Effective date	Term/year	By	Date