

Request for Student Services Fee Reduction

Name _____ Student ID # _____
Address _____
City _____ State _____ Postal Code _____
E-mail _____ Phone _____

Eligibility Categories (3) - Please Check One

_____ SUNY Fredonia student studying abroad _____
Course Beginning and Ending Dates _____

_____ University Abroad or Program Name _____ City _____ Country _____

_____ Non-SUNY student enrolled exclusively in SUNY Fredonia Learning Network courses

_____ Non-Fredonia, SUNY student enrolled in SUNY Fredonia Learning Network courses

Course Registration Information

CRN# _____ Course Number/Section _____ Semester/Year _____ / _____

Course Title _____

_____ Student Signature _____ Date _____

Committee Action

Determination: Approved on _____, 20__ Amount: _____ 50% _____

Office of International Education

Approved by Erin Willis