



COURSE FEES FORFEITURE PETITION

Return to: UW Professional & Continuing Education Registration Services
P.O. Box 45010
Seattle, WA 98145-0010

Phone: 206-543-2310
Fax: 206-685-9359
Email: uweoreg@pce.uw.edu

Quarter: _____ Year: 20____	Student Name (Last)	(First)	(Middle)
Student #	Student Phone	Email	
Student's Address (Street)		(City)	(State) (ZIP)

PETITIONS ARE ACCEPTED WITH PROPER DOCUMENTATION ONLY

- Please read all guidelines on the second page of this form.
- List the letter from the Guidelines Section below that best relates to your situation: _____

State reason you believe charge should be cancelled.

Signature _____ Date _____

Remember to include all documentation specified in Guidelines (below). University of Washington staff may verify any information provided.

GUIDELINES FOR COURSE FEES FORFEITURES

Course fees forfeitures are fees that are charged when you make changes to your schedule. You are charged one-half of the course fees reduction (50% forfeiture) for classes dropped from the 8th through the 30th calendar day of the quarter during Autumn, Winter and Spring quarters or from the 8th to the 21st calendar day of Summer quarter. You are charged the entire amount of the course fees reduction (100% forfeiture) for classes dropped on the 31st calendar day of the quarter or later during Autumn, Winter and Spring quarters; or from the 22nd calendar day or later during Summer quarter.

Guidelines	Qualifications	Documentation Required
A. Disability	Illness of the student of such severity or duration that completion of the quarter is precluded.	Health Provider Verification form (attached).
B. Call to active U.S. military duty	Call to active military duty after the 7th calendar day of the quarter.	Military orders showing the effective date of deployment.
C. New Student	Only the first quarter of attendance at the UW. Not applicable for UW Professional & Continuing Education Certificate Program students.	A completed course fees forfeiture petition form.
D. Death	Death of the student or member of the immediate family (parent, spouse/domestic partner, child, sibling).	Death certificate, obituary notice or news clipping naming student as relative of the deceased.
E. University Error	Student advised incorrectly by representative of the UW.	Written statement (on official letterhead) or email from the University department explaining how the University of Washington was in error.
F. Employment Changes	Relocation, unexpected travel or increased hours.	Written statement (on official letterhead) from employer.



COURSE FEES FORFEITURE FEE WAIVER HEALTH CARE PROVIDER VERIFICATION FORM

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INSTRUCTIONS TO THE HEALTHCARE PROVIDER

In order to consider a petition for a waiver of course fees forfeiture fees, the University of Washington, Seattle, requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the University during this quarter. Please provide the following information after the student/patient has completed the release consent at the bottom of this form.

Name of Student/Patient <i>(Last)</i>			<i>(First)</i>			<i>(Middle)</i>		
Patient's Student Number			Date of first visit			When did you last examine the student?		
Description of Student/Patient's condition and how it prevents the student from attending the University. <i>(Attach additional sheets as necessary.)</i>								

CERTIFICATION

I certify that in my professional opinion, *(Student Name)* _____ is currently unable to attend the University of Washington, Seattle, during *(Quarter)* _____ of *(Year)* _____ due to the medical conditions described above.

Signature of Health Care Provider _____ Date _____

Name of Health Care Provider <i>(PRINT NAME)</i>	Phone Number of Health Care Provider — —
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CONSENT TO RELEASE MEDICAL INFORMATION

I, *(Student/Patient)* _____ give my permission for my Health Care Provider to release information to the University of Washington, Seattle, concerning my physical condition as it relates to my request for a waiver of course fees forfeiture fees.

Signature of Student _____ Date _____

Signature of Parent or Guardian *(if student is under the age of 18)* _____ Date _____