PRO-RATED TUITION EXCEPTION FORM
BRIGHAM YOUNG UNIVERSITY
Mail to: Financial Services • A-153 ASB • Provo, UT 84602-1128 • Fax to: (801) 422-0241
Email to: financialservices@byu.edu

Name:_____ Date:_____
       (Last Name)   (First Name)   (Middle Initial)

I.D. Number: ☐☐☐☐☐☐☐☐ E-Mail:_____ Phone:_____

Mailing Address:_____ _____ Permanent Address:_____
                 (Apt #)

_____ _____
  (City)   (State)   (Zip Code)   (City)   (State)   (Zip Code)

Request (Mark the appropriate box):

✓ *Failure to include the required documentation could result in the <u>denial of your petition</u>.*

☐ Medical **(doctor note required)**   ☐ Doctors Note Included
☐ Financial Difficulty **(budget required)**   ☐ Budget Included
☐ University Error **(memo required)**   ☐ Memo from Dept. or Individual who made the error
☐ Never Attended
☐ Other   Short Description: _____

Semester/Term of request: Year_____   [ ] Fall   [ ] Winter [ ] Spring [ ] Summer

INSTRUCTIONS:

- **<u>Write an explanation on the back of this form stating reasons why you feel the fee should be waived.</u>**
- This petition can take 3-6 weeks to process. A message will be sent to your student message center informing you of the committee's decision.

ACTION OF THE COMMITTEE:

Date: _____ [ ] Approved [ ] Denied [ ] No Action [ ] Pending (Date Informed:_____)

Committee Signature: _____ Informed [ ] Date Informed: _____ Informed by: _____

Special Instructions From the Committee:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Supporting details and/or additional information: