

STUDENT FEE WAIVER REQUEST FORM

BEMIDJI STATE UNIVERSITY
Business Services Office
Deputy Hall, Room 203, #5
1500 Birchmont Drive NE
Bemidji, MN 56601
218/755-2046 Fax: 218/755-2160

YR/TERM _____

STUDENT NAME: _____ DATE: _____

STREET ADDRESS: _____ STUDENT ID #: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

GENERAL REQUIREMENTS FOR CONSIDERATION OF WAIVER FOR STUDENT ACTIVITY,
STUDENT UNION, ATHLETIC, AND HEALTH SERVICE FEES:

Registered and Department approved Student Teaching or Internship
No regular on-campus class registration for the semester
Must be living and assigned a location a substantial (generally 50+ miles) distance from campus

STATE BELOW THE LOCATION (CITY AND STATE) OF YOUR STUDENT TEACHING OR
INTERNSHIP AND YOUR PLANNED LIVING ARRANGEMENTS:

DOCUMENTATION IS REQUIRED

IF STUDENT TEACHING: Attach a completed copy of your Student Teaching Placement Agreement.

IF INTERNING: Have your BSU Faculty Internship Supervisor complete the following:

Name of Internship organization: _____

Internship location City and State: _____

Faculty Printed Name: _____ Signature: _____

I ATTEST THAT THE INFORMATION HERIN IS TRUE AND CORRECT.

STUDENT'S SIGNATURE: _____ DATE: _____

Approved _____ Disapproved _____

Business Manager

Date