OHIO UNIVERSITY

The Gladys W. and David H. Patton College of Education

The Office of Clinical Experiences

SCHOOL DISTRICT'S FEE WAIVER FORM
APPLICATION FOR USE OF DISCOUNTED GRADUATE FEE WAIVER
(Return completed form to: Ohio University The Patton College of Education, Suite 103 McCracken Hall, Athens, OH 45701)

By using this graduate fee waiver you agree to pay 50% of the amount of the waiver (includes the instructional and general fee) given to you by your school district. You must be admitted to Ohio University as a graduate student and registered for courses to receive a ***graduate*** *fee waiver*. NOTE: Fee waivers can ONLY be used for graduate courses.

Name of Applicant:_____ PID # _____

Home Address:_____ Telephone Number: _____

E-mail: _____

School Name:_____ School District: _____

School Address:_____ Telephone Number: _____

NUMBER OF GRADUATE FEE WAIVERS APPROVED BY SUPERINTENDENT: _____

Semester/Year (i.e.-Fall Semester 2017-18):_____ Campus:_____

Credits/Units:_____ Course Sub/Catalog #(i.e.-EDTE 2200):_____ Class #(i.e.-2576):_____ Section:_____
Credits/Units:_____ Course Sub/Catalog #(i.e.-EDTE 2200):_____ Class #(i.e.-2576):_____ Section:_____
Credits/Units:_____ Course Sub/Catalog #(i.e.-EDTE 2200):_____ Class #(i.e.-2576):_____ Section:_____

_____ _____
SUPERINTENDENT'S SIGNATURE DATE

***Superintendent, please make sure the number of graduate fee waiver(s) approved is stated above.**

_____ _____
APPLICANT'S SIGNATURE DATE

Do not complete this section; this section will be completed by the Patton College of Education

_____hours of graduate instructional fees totaling $_____charged to 010-0000-07070-741000-UN0301900
_____hours of graduate general fees totaling $_____charged to 010-0000-07070-746000-UN0301900

Revised September 13, 2017 DF