

Valdosta State University

APPLICATION FOR WAIVER OF MANDATORY FEES FOR PRACTICUM OR INTERNSHIP/EXTERNSHIP EXPERIENCE

A waiver of select mandatory fees may be granted to students enrolled solely in practicum experiences or internships/externships located at least 50 miles from Valdosta State University. This waiver will not apply to the Technology Fee or the Special Institutional Fee.

The completed request form with all signatures must be received before the fees will be waived.

Section I – To be completed by the STUDENT	
Name:	VSU ID:
Email:	Cell Phone:
Semester:	Year:
Subject/ Course (e.g., MGNT 4980):	CRN:
Course Name:	
Practicum/Internship Organization:	
Physical Address of Assigned Location:	
Include City, State and Zip:	

Section II – Student Affirmation
<p>I understand that the Bursary will audit my student record after drop/add has ended for the semester, to ensure that I remain eligible for the 50-mile radius waivers (i.e., enrolled in no other on campus courses, not living on campus, no changes to assigned location). If I am no longer eligible, the mandatory fees will be reassessed and I will be responsible for paying the full balance due.</p>
<p>_____</p> <p>Student Signature Date</p>

Section III – Academic Approvals												
<p>I certify that the applicant named in Section I has been approved to enroll in the practicum/internship/externship class listed above. I also certify that the assigned location is correct as stated above and is at least 50 miles from Valdosta State University.</p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Instructor/Coordinator (Print Name)</td> <td style="border: none;">Instructor/Coordinator (Signature)</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Department Head (Print Name)</td> <td style="border: none;">Department Head (Signature)</td> <td style="border: none;">Date</td> </tr> </table>	_____	_____	_____	Instructor/Coordinator (Print Name)	Instructor/Coordinator (Signature)	Date	_____	_____	_____	Department Head (Print Name)	Department Head (Signature)	Date
_____	_____	_____										
Instructor/Coordinator (Print Name)	Instructor/Coordinator (Signature)	Date										
_____	_____	_____										
Department Head (Print Name)	Department Head (Signature)	Date										

Section IV – Submit Completed Form	Section V – For Bursary Use Only
<p>Mail: Bursary/Student Financial Services Valdosta State University 1500 N. Patterson St. Valdosta, GA 31698</p> <p>Email: StudentAccounts@valdosta.edu</p> <p>Fax: 229-259-2051</p>	<div style="text-align: center;"> <p>Waivers will be posted beginning 2 weeks prior to the first day of class. You may view your updated student account balance by logging into the Online Student Account Center.</p> </div> <div style="text-align: right; padding-top: 20px;"> <p>Date Received: _____</p> <p>Date Posted: _____</p> <p>Date Audited: _____</p> <p>Housing: No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Campus Classes: No <input type="checkbox"/> Yes <input type="checkbox"/></p> </div>