

UW-Independent Learning
Fee Waiver
Enrollment Permission

1. To be completed by the student:

Phone: _____ - _____ - _____

 (Last Name) (First Name) (Middle Initial) (Parkside ID Number)

 (Address) (City) (State) (Zip Code)

Independent Learning Course Number _____ Course Credits _____

Independent Learning Course Title _____

Student Signature: _____ **Date** _____

NOTE: If the total of the registered credits (UWParkside and UWIndependent Learning) exceeds eighteen (18), additional fees will be charged. Composite rate tuition is not subject to the plateau -- therefore the credits for those courses are ineligible to be used for this waiver.

2. To be completed by the student:

UW-Parkside Course Registration for: _____ Term _____ Year _____

Courses: _____

TOTAL UW-PARKSIDE CREDITS REGISTERED FOR THE TERM: _____

3. To be completed by Cashier's Office:

For tuition purposes, this student is considered an: Undergraduate Graduate Special Resident Non-Resident

Tuition has been paid to date for the student's term specified above. ____ Yes ____ No \$ _____

Bursar's Signature: _____ **Date** _____

Submit form to: Cashier's Office (WYLL Hall D193)

Independent Learning Fee Waiver
 Revised 12/06, 11/08, 2/09

Fax to Independent Learning (608-262-4096) _____ date completed