

BUSINESS SERVICES – ACCOUNTING

1250 Siskiyou Blvd, Ashland, Oregon 97520
T 541-552-8536 | F 541-552-6573

APPLICATION TO **DELETE** SPECIAL FEE

Fiscal Year _____

This form must have the appropriate Dean’s signature and be submitted to your Accountant by the deadline as listed on your initial email notification. The deleted fees will be effective Summer Term.

Date of Application: _____ Department: _____

Course Prefix, Number, and Title: _____ <Or>

Title for Non-Academic Fee: _____

Index Code: _____ Detail Code: F _____ <Or> N _____

Reason for request to delete fee:

Contact information:

Name: _____ Phone number: _____

Signatures

Director: _____ Date: _____

Accountant Review: _____ Date: _____

If you would like guidance in completing the form correctly, your Accountant has been trained to assist you with this process. Special Fees forms are due to your Accountant upon completion.
