



Employee Mandatory Fee Waiver Request Form

This form should be completed by any Delhi campus employee (including CADI, College Foundation and Child Care Center) enrolled in Delhi courses to request a waiver of the College's mandatory Athletic Fee, Health Services Fee, Transportation Fee and Student Activity Fee in accordance with Delhi's broad based fee policy.

Name: _____ Student ID No: _____

Employer: SUNY Delhi CADI College Foundation DC4

Course(s) enrolled in: _____

Waiver is requested for year: _____ (check only one): Fall Spring Summer

Employee Signature: _____ Date: _____

In order to be considered, this request must be submitted to the Student Financial Services Office each semester within 30 days of the start of classes: SUNY Delhi, 155 Bush Hall, 454 Delhi Drive, Delhi NY 13753. Completed forms can also be faxed to 607-746-4208 or emailed to studentaccounts@delhi.edu

For Office Use Only:

Date Received: _____

Date Reviewed: _____

Reviewed by: _____

Waiver Status: Approved

Denied

Comments:

