**Financial Needs Based Application**

**for Educational Fee Waiver**
Office of Student Accountability & Restorative Practices 🞄 James Madison University

**Name:** **Email:** @dukes.jmu.edu

**I.D. #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case #:**

**NOTE:** Applications MUST be returned to the Office of Student Accountability & Restorative Practices **one business day** prior to your scheduled program. A fee **cannot** be waived after it has been billed to you. You will be notified of the decision by e-mail or in your sanction notification prior to your scheduled program. **If you fail to comply with your sanction, the fee waiver will be voided.** An educational program fee can only be waived **one time** per student.

1. **What educational program/workshop(s) were you assigned?**

Program: Date(s):

Program: Date(s):

1. **Do you pay for your own education (tuition, room/board/rent)? If so, by what means are you able to fund your expenses?**

🞏Grants 🞏Scholarships 🞏Loans 🞏Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have a job? If so, how many hours a week do you work? If not, why?**

1. **Why do you feel that your $50 fee should be waived due to your financial need?** *(Additional writing space available on the back.)*

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Please use the space below if you need additional writing space.

**FOR OFFICE USE ONLY**

**Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□** ***APPROVED***  **□** ***DENIED***

**□** ***Record Updated (main database/sanctions &***

 ***program rosters)***

**Return to:**

Office of Student Accountability & Restorative Practices Student Success Center, 2nd Floor

Phone: (540) 568-6218
Fax: (540) 568-2807

**Monday - Friday**
8:00-12:00 PM | 1:00-5:00 PM