



Special Circumstances Fee Consideration Form (Fee Waiver/Reduction)

Date		
Name of Student/ Prospective Student		
Staff Member Completing this Form (if applicable)		
Course/ Courses Applying (Code and Name)		
Background/ Reason for Application <i>(as much detail as possible – use back of this Form if required)</i>		
Full Course Fee	\$ _____	
Proposed Fee Applying For:	<input type="checkbox"/> partial fee waiver: amount of proposed fee: \$ _____ <input type="checkbox"/> full fee waiver	
Career Keys' Sales, Service and Marketing Manager	<input type="checkbox"/> Proposed fee approved <input type="checkbox"/> Alternate fee offered: \$ _____ <input type="checkbox"/> No reduction available: full course fee applies	
	Signature	Date / /