



COURSE FEE WAIVER

Completed form must be submitted to Student Information and Enrolment Services in person or scanned and emailed to BCIT Registration Office@bcit.ca

Student Name	Student Number
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Indicate the following:

- Full-time Dayschool Program:** Certificate/ Diploma / Degree (check one)
- Full-time Studies Degree Program:** Program Name: _____
- Part Time Studies Degree Program** Program Name: _____
- Part-time Studies**
- Other (specify)** _____

COURSE	CRN	TITLE	START DATE	COURSE FEE	WAIVER AMOUNT	STUDENT PAYS
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

4 1 0 1 (Winter) _____
 4 1 0 2 (Spring/Summer) _____
 4 1 0 3 (Fall) _____

FUND ORGANIZATION ACCOUNT PROGRAM

CHARGED TO: _____

APPROVED BY:

SIGNATURE: _____ DATE: _____
(must have signing authority for the Organization Code used)

NAME (printed): _____

NOTE: All fields must be entered. Fee Waivers are valid for 30 days.