

UCLA Fee Reduction Request



Instructions

Certain qualified undergraduate students, when properly approved by the dean of their School/College for enrollment in 10 units or less, may be eligible for a one-half reduction in tuition (and nonresident supplemental tuition, when applicable). Consult the College or school for eligibility requirements.

Complete this form and file it with the appropriate office, with any required verification, by Friday of the second week of the term (College of Letters and Science: CAC-A316 Murphy Hall, AAP-1209 Campbell Hall, Honors-A311 Murphy Hall; School of Engineering and Applied Science, 6426 Boelter Hall; School of the Arts and Architecture, 2200 Broad Art Center; School of Music, 1642 Schoenberg Music Building; School of Public Affairs, 3357 Public Affairs Building; School of Nursing, 2-137 Factor Building; School of Theater, Film, and Television, 103 East Melnitz Building). **The student must be enrolled in 10 or fewer units by Friday of the third week of classes** or be billed for excess units. If the student enrolls in or receives credit for more units than approved, a bill will be issued for repayment of the amount by which fees were reduced. This deadline should not be confused with the fourth-week drop deadline for nonimpacted courses.

Student Information (print clearly)

| | | | | |
|---|-----------|-----------------|------------------------|--|
| Full Name (Last, First Middle) | | | 9-Digit UCLA ID | |
| Current Mailing Address – Street | | | E-mail Address | |
| City | State | Zip/Postal Code | Province (Canada only) | |
| Country | Telephone | | Major | |
| School/College | | | | |
| <input type="checkbox"/> Arts and Architecture <input type="checkbox"/> Engineering <input type="checkbox"/> Letters and Science <input type="checkbox"/> Music <input type="checkbox"/> Nursing <input type="checkbox"/> Public Affairs <input type="checkbox"/> Theater, Film, and Television | | | | |

Reduction Request (Check one or both boxes, as appropriate. Mark all terms for which you are requesting the reduction.)

| | |
|--|---|
| <input type="checkbox"/> Tuition Reduction | <input type="checkbox"/> Nonresident Supplemental Tuition Reduction |
| Fall 20____ Winter 20____ Spring 20____ | Fall 20____ Winter 20____ Spring 20____ |

Reason for Request

Proposed Study List

- 1
- 2
- 3

I have read the procedures shown above. I understand that I will be billed for additional fees if I subsequently enroll in or receive credit for more units than approved by this request. I certify that I am or will be enrolled in 10 units or less as of Friday of the third week of classes.

Student Signature

Date

SCHOOL/COLLEGE USE ONLY

Action by School/College (Check a box on one or both lines, as appropriate.)

| | | |
|-----------------------------------|---------------------------------|-------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Tuition Reduction |
| Fall 20____ | Winter 20____ | Spring 20____ |

Signature

Date

| | | |
|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Nonresident Supplemental Tuition Reduction |
| Fall 20____ | Winter 20____ | Spring 20____ |

REGISTRAR'S OFFICE USE ONLY

| | FALL | WINTER | SPRING |
|-----------------|------|--------|--------|
| ENROLLED UNITS | | | |
| VERIFIED | | | |
| DEFERRED/REFUND | | | |
| CODE INPUT DATE | | | |