



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 (check only one):

_____ Fall _____ Spring _____
(year) (year)

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: _____

