EMERSON
COLLEGE
Graduate Studies

PETITION TO WAIVE CONTINUING STUDENT STATUS FEE

Name _____ Date _____
(Last) (First) (M.I.)

Emerson ID# _____ Social Security # _____

Current Address _____ Program/Department _____

_____ Phone #

_____ Home ( )

_____ Work ( )

I respectfully request (indicate semester(s) you would like fee waived) waived): _____

_____

_____

My reasons for making this request are are _____

_____

_____

_____ _____
Student's Signature **Date**

DEPARTMENT _____ ***Approved*** _____ ***Denied***

Comments _____

_____

_____ _____
Graduate Program Director **Date**

GRADUATE STUDIES _____ ***Approved*** _____ ***Denied***

Comments: _____

_____ _____
Director of Graduate Studies **Date**

White - Registrar Yellow – Graduate Studies Pink - Grad. Program Director Gold - Student