



UNIVERSITY OF WASHINGTON EDUCATIONAL OUTREACH  
**TUITION FORFEITURE PETITION**

UoW 1953 (Rev. 12/07)

**Return to:** UW Educational Outreach Registration Services  
 P.O. Box 45010  
 Seattle, WA 98145-0010

Phone: 206-543-2310  
 Fax: 206-685-9359  
 Email: uweoreg@extn.washington.edu

Quarter: _____ Year: 20____	Student Name (Last)	(First)	(Middle)
Student #	Student Phone	Email	
Student's Address (Street)		(City)	(State) (ZIP)

**PETITIONS ARE ACCEPTED WITH PROPER DOCUMENTATION ONLY**

- Please read all guidelines on the second page of this form.
- List the letter from the Guidelines Section below that best relates to your situation: \_\_\_\_\_

State reason you believe charge should be cancelled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Remember to include all documentation specified in Guidelines (below). University of Washington staff may verify any information provided.**

**GUIDELINES FOR TUITION FORFEITURES**

**Tuition forfeitures are fees that are charged when you make changes to your schedule. You are charged one half of the tuition reduction (50% forfeiture) for classes dropped from the 8th through the 30th calendar day of the quarter during Autumn, Winter and Spring quarters or from the 8th to the 21st calendar day of Summer quarter.**

Guidelines	Qualifications	Documentation Required
A. Disability	Illness of the student of such severity or duration that completion of the quarter is precluded.	Health Provider Verification form (attached).
B. Call to active U.S. military duty	Call to active military duty after the 7th calendar day of the quarter.	Military orders showing the effective date of deployment.
C. New Student	Only the first quarter of attendance at the UW. <b>Not applicable for UWEO Certificate Program students.</b>	A completed tuition forfeiture petition form.
D. Death	Death of the student or member of the immediate family (parent, spouse/domestic partner, child, sibling).	Death certificate, obituary notice or news clipping naming student as relative of the deceased.
E. University Error	Student advised incorrectly by representative of the UW.	Written statement (on official letterhead) or email from the University department explaining how the University of Washington was in error.
F. Employment Changes	Relocation, unexpected travel or increased hours.	Written statement (on official letterhead) from employer.



# TUITION FORFEITURE FEE WAIVER HEALTH CARE PROVIDER VERIFICATION FORM

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### INSTRUCTIONS TO THE HEALTHCARE PROVIDER

In order to consider a petition for a waiver of tuition forfeiture fees, the University of Washington, Seattle requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the University during this quarter. Please provide the following information after the student/patient has completed the release consent at the bottom of this form.

Name of Student/Patient ( <i>Last</i> )			( <i>First</i> )			( <i>Middle</i> )		
Patient's Student Number			Date of first visit			When did you last examine the student?		

Description of Student/Patient's condition and how it prevents the student from attending the University. (*Attach additional sheets as necessary.*)

### CERTIFICATION

I certify that in my professional opinion, (*Student Name*) \_\_\_\_\_ is currently unable to attend the University of Washington, Seattle during (*Quarter*) \_\_\_\_\_ of (*Year*) \_\_\_\_\_ due to the medical conditions described above.

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Name of Health Care Provider ( <i>PRINT NAME</i> )	Phone Number of Health Care Provider — —
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### CONSENT TO RELEASE MEDICAL INFORMATION

I, (*Student/Patient*) \_\_\_\_\_ give my permission for my Health Care Provider to release information to the University of Washington, Seattle concerning my physical condition as it relates to my request for a waiver of tuition forfeiture fees.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (*if student is under the age of 18*) \_\_\_\_\_ Date \_\_\_\_\_