

# Field Work Fee Waiver

**Applies to:** Lawrence Campus students

**Purpose:** Waives Lawrence campus fees for qualified applicants. (Area fees for off-campus courses do not qualify for a fee waiver.)

**Frequency:** This form must be turned in **every semester** and received by the Office of the University Registrar by the following deadlines: October 1 (Fall), March 1 (Spring) and July 1 (Summer)

1. This application is for (Check ONE only):

Fall semester \_\_\_\_\_ (year)       Spring semester \_\_\_\_\_ (year)       Summer session \_\_\_\_\_ (year)

2. \_\_\_\_\_  
Last Name                      First Name              MI                      Student Number              Phone Number

3. \_\_\_\_\_  
Current Address                      City                      State                      Zip                      Student Email Address

**4. Eligibility:** To qualify for this waiver you must answer **yes** to each of the following statements:

- |  |     |    |
|--|-----|----|
| a. I am only enrolled in course work through the Lawrence Campus.                        | YES | NO |
| b. I am only enrolled in course work taught by appointment (TBA).                        | YES | NO |
| c. I reside and will complete all my academic work outside Lawrence.                     | YES | NO |
| d. I am not employed on the Lawrence Campus.   | YES | NO |
| e. I have verified my Current/Jayhawk address in Enroll & Pay is a non-Lawrence address. | YES | NO |

5. I am currently enrolled in the Doctor of Pharmacy (PharmD) program:    YES    NO

6. I have read and understand the criteria for receiving a Field Work fee waiver. After preliminary approval of the application, fees will be adjusted subject to final approval of the application during the regular post-payment audit. If I am determined to be ineligible based on the post-payment audit, I will be required to pay the Lawrence campus fees.

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

**RETURN TO:**

**The University of Kansas**  
**Office of the University Registrar**  
**1450 Jayhawk Blvd**  
**Rm 151 Strong Hall**  
**Lawrence, KS 66045-7535**  
**Phone: 785-864-4423**  
**Fax: 785-864-3900**  
**Email: assessment@ku.edu**

<p><i>For office use only:</i></p> <p>Date received: _____</p> <p>Date applied: _____</p>
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