

**UCSB Graduate Division  
Request Form  
Request for Fee Remission Payment/Change  
After GSFR Quarter Third-Week Closure**

**Date:** \_\_\_\_\_

**To:** Dean, Graduate Division

**From:** Employing Department Chair or Faculty Graduate Advisor\*

\_\_\_\_\_  
(Name & Signature)

\_\_\_\_\_  
(Department Name)

**Re:**

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Perm #)

\_\_\_\_\_  
(Employee ID #)

**\* If this request is being submitted by a department other than the student's home department, the signature of the student's home department chair or faculty graduate advisor is required.**

**Request is supported by student's home department:**

\_\_\_\_\_  
(Name and Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Department Name)

**Fee remission payment is requested for student to work** \_\_\_\_\_ % in \_\_\_\_\_  
(% appt) (title code)

during \_\_\_\_\_. Copy of PPS appointment screen must be attached this request.  
(quarter/year)

**Reason why appropriate fee remission was not provided to the student by the campus deadline (i.e., by the end of the third week of the quarter):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department contact person

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail address

Graduate Division: \_\_\_\_\_ Approves Request \_\_\_\_\_ Does not Approve Request

Signed: \_\_\_\_\_  
Dean, Graduate Division

Date: \_\_\_\_\_