

**BUSINESS SERVICES – ACCOUNTING**

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1250 Siskiyou Blvd, Ashland, Oregon 97520  
T 541-552-8536 | F 541-552-6573

**APPLICATION TO DELETE SPECIAL FEE**

Fiscal Year \_\_\_\_\_

This form must have the appropriate Director’s signature and be submitted to your Accountant by the deadline as listed on your initial email notification. The deleted fees will be effective Summer Term.

Date of Application: \_\_\_\_\_ Department: \_\_\_\_\_

Course Prefix, Number, and Title: \_\_\_\_\_ <Or>

Title for Non-Academic Fee: \_\_\_\_\_

Index Code: \_\_\_\_\_ Detail Code: F \_\_\_\_\_ <Or> N \_\_\_\_\_

**Reason for request to delete fee:**

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**Contact information:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Signatures**

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

Accountant Review: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like guidance in completing the form correctly, your Accountant has been trained to assist you with this process. Special Fees forms are due to your Accountant upon completion.