Auraria Campus Fee Waiver Petition

Submission Start Date is the Monday following Census
Deadline is the Last Day of the Semester

Submit form to: The Bursar’s Office
                      Academic Building 1 (AB1)
                      1201 Larimer Street
                      Campus Box 131
                      Denver, Colorado 80217

Questions?
Tel: 303.315.1800
Fax: 303.315.1805
Email: Bursar@ucdenver.edu

Please print clearly and read the instructions before completing the petition. For tuition and fees not paid by the published due date, a 1.75% service charge will be assessed on the unpaid balance, and a financial stop will be placed on your record.

Petition to waive AHEC Bond, Energy Renewal, RTD College Pass Program, Student Health Center, Student Recreation and Phoenix Center fees for students enrolled at CU Denver AND additional Auraria Campus Institution.

By completing the fee waiver, you agree to only submit the waiver one time (per term) and that you will not submit a duplicate petition to another institution. A signature from the institution you are paying the fees to, agreeing NOT to waive Auraria Campus fees, is required.

Name_________________________________CU Student ID#_____________________Term _____

Address_______________________________________________________________________
STREET                 CITY                 STATE                 ZIP

Phone________________________    E-Mail_____________________________________

Institution Contact Name________________________________________Institution______________________
LAST                       FIRST               (CCD/ MSU Denver)

Phone________________________    E-Mail_____________________________________

Required and MUST be attached to petition form for submission:

☐ Current student bill from either Metro State University or Community College of Denver, verifying enrollment and duplicate Auraria campus fees charged by CU Denver.

Signature_________________________________________Date__________________________

Institution Signature_________________________________________Date__________________________