






**FORM C – Fill out appropriate pink boxes and email to your internship supervisor and thanson@uwsp.edu**

## On-Campus Fee Waiver Form

I understand that while I am away from campus on a summer internship I can waive my on-campus fees. I also understand that if I waive these fees I will not have access to any UWSP services including the Health Enhancing Center and Health Services

**\*\*I also understand that this form MUST be turned in to Tammy Hanson, Intern Secretary, CNR Room 100, by May 5, 2009 in order for this waiver to apply.**

**Yes, I wish to have my on-campus fees waived (Print Legibly)**

			
Print Name Legibly			
	-	 - 	
Social Security Number		Student I.D. #	

**\*BY SUBMITTING THIS FORM, YOU AGREE TO THE TERMS WITHIN IT\***