

GRADUATE STUDENT ORGANIZATION
STUDENT ACTIVITY FEE WAIVER
REQUEST FORM

I, _____, a graduate student in
(Student's Name)

(Department/Program)
will not be in Binghamton, NY for the _____
(FALL/SPRING, YEAR)
semester due to _____.
(Dissertation research, leave of absence, employment, etc.)

This is in acknowledgement of the fact that I will not be making use of the services provided by the Graduate Student Organization for the duration of my absence as required by the GSO Constitution to grant a waiver of the graduate student activity fee.

PART A: To be filled by the applicant

Student's Signature _____
Date _____
(LAST 4 Digits of SSN)*

Department/Program or
Advisor's Signature _____
Date

PART B: GSO Office use only

Approved _____ Denied _____

Treasurer _____
Date _____
GSO _____
Officer Date

* The Student Accounts Office requires this information in order to be able to deduct the necessary amount from the applicant's bill.