



**Northern Illinois
University**

REQUEST FOR PARTIAL REDUCTION OF FEES

OFFICE OF THE BURSAR

(815) 753-1885

SEMESTER

NAME (LAST, FIRST MIDDLE)

8-DIGIT STUDENT ID [\(What's this\)](#)

You may be eligible for a reduction of the student **Activity Fee**, **Services Fee**, and the **Athletic Fee** (facilities fees and the technology surcharge are not included) if you fulfill **BOTH** of the following qualifications:

1. Your address is more than 15 miles from the DeKalb campus.
2. The location for your course of study is more than 15 miles from the DeKalb campus and requires your absence from campus for the entire semester.

Student Address:

NAME (LAST, FIRST, MIDDLE)

STREET

CITY, STATE, ZIP

Address for Course of Study:

NAME OF SCHOOL OR COMPANY

STREET

CITY, STATE, ZIP

If you meet all criteria and have not utilized the various services related to the fees above, a partial reduction of applicable on-campus fees will be processed. **This form is required to be submitted by the 15th calendar day of the semester and by the 5th calendar day of the Summer semester.**

It is understood and agreed that if I should alter this class schedule in any way after the submission of this request, the request may be voided.

Student Signature _____ Date _____

**RETURN COMPLETED FORM TO:
NORTHERN ILLINOIS UNIVERSITY
OFFICE OF THE BURSAR
DEKALB, ILLINOIS 60115-2858**

FOR OFFICIAL USE ONLY

UG _____ GR _____

Refund Amt. _____

By _____

University Official