Tuition Fee Policy for Students with Permanent, Persistent or Prolonged Disabilities Student Agreement & Registration Form

Student Name: _____   Phone: _____

Student ID: _____   Email: _____

Accessibility Advisor: _____   Email: _____

This form is to be completed by the student with the Accessibility Services if the student requires a reduced course load as an accommodation for a disability and wishes to be considered under the Reduced Tuition Fee Policy.

- ❑ I have a permanent, persistent, or prolonged disability, and have provided Accessibility Services with supporting documentation.

- ❑ One of the accommodations for which I have been approved is being able to take a **reduced course load.**

- ❑ I will pay the same tuition fees for a program as students without a disability, until such time as the **full program tuition fee** has been paid.

- ❑ After the **full program tuition fee** has been paid, I will be charged $20 per course plus any additional college fees, until I complete my program.

- ❑ If I have received a refund from the Registrar's Office because I reduced my course load, I am aware that this amount will not count toward my cumulative **full program tuition fee**.

- ❑ I am aware that this policy covers only ONE program at a time. If I change / have changed programs at any time, I will begin tuition fee payments for that program as appropriate to my standing.

- ❑ This policy covers only courses that I completed successfully and for which I have paid. It does not cover repeat courses that were previously unsuccessfully completed that I need to take again due to late withdrawal or those that were repeated voluntarily but did not represent part of the requirements for program completion.

- ❑ (OSAP recipients only) I agree to contact the Financial Aid Office to inform them of my eligibility for this Tuition Fee Policy, at the beginning of the first year I qualify.

STUDENT
I have read and understand the above information regarding the Reduced Tuition Fee Policy. I consent to my above information being entered into the Tuition Fee Policy Tracking database. I am aware that individuals in the Registrar's Office will have access to that database, as well as to any information that relates to my tuition/fee payment records.

_____   _____
Student Signature   Date

ACCESSIBILITY ADVISOR
I have assessed this student's documentation and verify that an accommodation of a reduced course load is appropriate for this student. I have reviewed this form with the student and will ensure that 3 copies of this form are distributed as follows: 1 (original) Registrar's Office; 2 Student; 3 Student's Accessibility Services file.

_____   _____
Accessibility Advisor Signature   Date