

Please fill out form and return to:

Washington State University
Compton Union 140
PO Box 647204
Pullman, WA 99164-7204
Phone: (509) 335-9444
Fax: (509) 335-3837

Directions:

1. Fill out the petition completely. If it is not filled out in entirety, your petition may not be processed.
2. Return the completed petition to Karee Shaw, Compton Union room 140 after you have had obtained your advisors signature.
3. Petitions will be reviewed and notification will be sent as to whether the fee waiver is granted or denied. There is no appeal process.
4. Please Note: This petition is for waiver of the Compton Union fee. This petition can be completed by students who are taking independent study or internship credits outside of the Pullman area, or students who are not physically located in Pullman for other reasons.

STUDENT - PLEASE COMPLETE THE FOLLOWING:

NAME (last, first, MI)					WSU ID #
LOCAL ADDRESS	Street	City	State	Zip	EMAIL
PERMANENT ADDRESS	Street	City	State	Zip	PHONE ()

* Please note: if your address changes, you are responsible for notifying the Compton Union.

MY ACADEMIC COLLEGE/DEPARTMENT:	MY ADVISOR:
INDEPENDENT STUDY OR INTERNSHIP CLASSES (INCLUDE COURSE NAME & PREFIX)	
I AM PETITIONING: <input type="checkbox"/> INDEPENDENT STUDY TAKEN WHILE I WAS OUTSIDE THE PULLMAN AREA <input type="checkbox"/> INTERNSHIP CREDITS TAKEN WHILE I WAS OUTSIDE THE PULLMAN AREA <input type="checkbox"/> I WAS OUTSIDE THE PULLMAN AREA FOR OTHER REASONS	
EXPLANATION:	
STUDENT SIGNATURE	DATE / /

ADVISOR - PLEASE COMPLETE THE FOLLOWING:

ADVISOR NAME (PLEASE PRINT)	WORK PHONE ()
AS THE ADVISOR OF THE STUDENT PETITIONER, I VERIFY THAT THEY WERE NOT IN THE PULLMAN AREA DURING THE DATES: _____.	
ADVISOR'S SIGNATURE	DATE / /