



**TEXAS A&M UNIVERSITY-CORPUS CHRISTI**

Business Office

**DISTANCE FEE WAIVER REQUEST FORM**

Instructions: This form is to be used when a student is registered in 100% online courses, for which each course was assessed a Distance Education Fee, and lives more than 100 miles from the Texas A&M University – Corpus Christi campus. If approved, the Distance Fee Waiver will waive the Health Services fee.

Complete, sign and submit the form to the Business Office by the deadline. Click here for the dates of when applications can be accepted for each term and when the deadlines are for submission. Submit the completed form by emailing it to [distancefeewaiver@tamucc.edu](mailto:distancefeewaiver@tamucc.edu) or faxing it to (361) 825-2143.

**Student Information:**

Name: _____		
First	Last	Middle (Optional)
Student ID: _____	Request Term: _____	Request Year: _____

**Address:**

Street: _____		
City: _____	State: _____	Zip Code: _____
Phone number: _____	Email: _____	

**Authorization:**

By signing this document, I certify that I live more than 100 miles from the Texas A&M University – Corpus Christi campus. I acknowledge that access to services covered by these fees will not be available to me. I also acknowledge that I will lose the waiver and be required to pay the waived fees when adding courses that are not 100% Online.

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

**For Business Office Use Only:**

*Section to be completed by Business Office:*

Reviewed by: _____	Reviewed Date: _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Comments: _____	
_____	