



UNIVERSITY AT BUFFALO GRADUATE STUDENT ASSOCIATION INC.

310 Student Union, Box 602100, Buffalo, NY 14260-2100

South Campus Satellite Office: 302 Abbott Hall (Tuesdays 9am – 4pm)

(716) 645-2960, Fax: (716) 645-7333, <https://ubwp.buffalo.edu/gsa>

Graduate Student Activity Fee Waiver

PLEASE BE ADVISED Applicants who are granted fee waivers are no longer eligible for Graduate Student Association (GSA) programs and services. These include, but are not limited to, Conference Funding, the Mark Diamond Research Fund and GSA Editorial Services.

GSA Policy for Student Activity Fee Waivers

1. No application will be accepted after the announced deadline.
2. Waivers are only granted for a single semester at a time. Applicants seeking waivers for other semesters must reapply each semester.
3. No waiver shall be granted on the basis of financial hardship unless the student has made an application to the Office of Financial Aid for assistance or for educational loans if s/he is eligible to do so
4. No student shall be granted a waiver on the basis of their objection to any GSA Policy or due to their non-participation in any GSA sponsored activity, program, event, or service
5. The GSA reserves the right to review and revise all policies and procedures for fee waivers each semester.

Fee Waiver Procedures

1. The deadlines for when application must be filed with the GSA office are listed below:

Fall: October 1, 2022

Spring: March 1, 2023

Summer: July 15, 2023

2. The GSA Treasurer makes decisions on fee waiver applications, with a University Designee having final decision authority.
3. A GSA Officer or Designee will verify information given in this application.
4. The GSA Treasurer or Designee will notify the applicant in writing of the decision regarding their application.
5. In case of denial, the GSA Treasurer or Designee will inform the applicant in writing of why their application was denied. If the applicant wishes to appeal this determination, they must do so by writing to the Office of Student Engagement within 15 days of the dated denial letter. Student Engagement will make a final determination, after consultation with the GSA Treasurer.

Criteria for Fee Waivers

1. Eligibility does not necessarily mean a refund will be granted. The GSA only budgets for a certain number of waivers each semester. All requests will be considered on a first come, first served basis.
2. An applicant may be eligible for a waiver based on out-of-town residence if they live at least 75 miles from UB. **Note:** Simply being enrolled in online-only coursework does not meet this criterion.
3. An applicant who lives nearer than 75 miles away may still be eligible for a waiver based on out-of-town residence if the academic unit in which they are enrolled is housed entirely outside of UB's facilities in the Buffalo area. **Note:** Simply being enrolled in a course which meets outside of UB's facilities does not meet this criterion.
4. An applicant with annual income less than \$16,000 per household, including at least one dependent, may be eligible for a waiver on the basis of financial hardship.
5. Efforts to obtain financial assistance and the ratio of income vs. expenses may be considered in the determination of financial hardship.
6. Fee waivers may be granted on a case-by-case basis for individuals with extraordinary circumstances not covered by the above criteria. **Note:** Simply being enrolled in online-only coursework does not meet this criterion.

Part I: (This page must be completed by all applicants)

Please indicate which semester you are applying for by entering the appropriate year:

Fall _____ Spring _____ Summer _____

PLEASE NOTE: A separate application must be filed for each semester that a waiver is requested.

Applicant Information:

First name: _____ Surname: _____

UB Person number (8 digits): _____ Email: _____

Address: _____ Apt. No. (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: _____

Academic department: _____ Degree program: _____

I hereby certify that all information contained herein is correct, to the best of my knowledge. I hereby authorize the State University of New York at Buffalo to release information to the Graduate Student Association regarding all given information for the semester for which the fee waiver is being requested. I understand that distortions of given information are grounds for denial.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

ACCEPTED _____	REJECTED _____
_____ GSA TREASURER'S SIGNATURE	_____ DATE
_____ ADMINISTRATIVE SIGNATURE	_____ DATE

OUTCOME OF APPEAL: ACCEPTED _____	REJECTED _____
_____ SIGNATURE OF APPEAL'S AUTHORITY	_____ DATE
DATE WAIVER TRANSMITTED TO BURSAR: _____	

Reasons for Request

Instructions

Please fill out **only** the part(s) which apply to you. Make sure you answer all questions in this part. **All incomplete applications will be rejected.**

You need only to return the pages that apply to your request:

Part I Must be completed by all applicants.

Part II Must be completed if applying for a waiver on the basis of out-of-town residence.

Part III Must be completed if applying on the basis of financial hardship.

PART IV Must be completed if applying on the basis of extraordinary circumstances other than those listed in Part II or Part III.

Part II: Waiver Request Due to Out-of-Town Residence (must live at least 75 miles from UB)

1. "Out-of-town" address: _____
2. Dates you will be residing at this address: _____ to _____
3. How many times a week, and for what reason, will you be on the UB campus? _____

Part III: Waiver Request Due to Financial Hardship

1. Marital status: _____ Number of dependents: _____
2. Have you already applied for financial aid for this academic year (i.e., TAP, GSL, NDSL, other loans, workstudy, etc. _____ Yes _____ No
3. What type of financial aid have you applied for? Please include verification of application for financial aid: _____

4. If you answered *No* to question (2) above, please explain why you did not/cannot apply for financial aid: _____

4. Please circle any of the following positions which you hold at UB:
GA TA RA MFC Instructor Other (specify): _____
6. Do you receive a tuition waiver? _____ No _____ Yes (indicate amount:\$ _____)

Applicant's Employment:

Are you eligible to work in the United States? _____ Yes _____ No
If no, please explain:

Are you currently employed? _____ Yes _____ No
If no, why not? _____

What is the status of your employment?
_____ permanent/ full time-- beginning date: ___/___/___
_____ permanent/ part time-- beginning date: ___/___/___
_____ short term/ full time-- employed from ___/___/___ to ___/___/___
_____ short term/ part time-- employed from ___/___/___ to ___/___/___

Employer Name: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Spouse's Employment (if married, this section must be completed)

Are you eligible to work in the United States? _____ Yes _____ No

If no, please explain: _____

Are you currently employed? _____ Yes _____ No

If no, why not? _____

What is the status of your employment?

- _____ permanent/ full time-- beginning date: ___/___/___
- _____ permanent/ part time-- beginning date: ___/___/___
- _____ short term/ full time-- employed from ___/___/___ to ___/___/___
- _____ short term/ part time-- employed from ___/___/___ to ___/___/___

Employer name: _____

Employer address: _____

Employer phone: (____) _____ - _____

Income source (annually)	Applicant	Spouse
Wages, salaries, tips, etc.		
Stipend: TA/GA/RA		
Scholarships		
Grants (non-research)		
Fellowships		
TAP award		
Student loans		
Tuition waiver		
Other financial aid		
Child support		
Aid from relatives		

Income reporting section continues on next page

Income reporting section continued from previous page

	Applicant	Spouse
Foreign income		
Rental income		
Cash value of CD's, stocks, and bonds		
Other (specify):		
Total individual income:		
Total combined income:		

Expenses (Annual)

	Household expenses
Tuition	
Books and fees	
Rent/mortgage	
Gas/electric	
Water	
Phone	
Cable	
Renter's insurance	
Transportation (auto payments, fuel, insurance, bus fare etc.)	
Medical expenses (including insurance)	
Food	
Child care	
Interest on loans	
Taxes paid (last year)	
Other: _____	
Other: _____	
Other: _____	
Total household expenses:	

