



Visiting Students or Visiting Scholars Fee Authorization Form

- * Fees are assessed on a semester by semester basis.
- * This form **MUST** be completed each semester.

PURPOSE OF FEE AUTHORIZATION FORM

This is to be used to request the application of specific student body fees and authorize payment from departmental resources. Use this form when providing access to Visiting Students or Scholars.

RECIPIENT INFORMATION

Name: _____ A number: _____

DEPARTMENT INFORMATION

Contact Person: _____ Department: _____

Email: _____ Phone: _____ College: _____

Select semester: Summer Fall Spring

Select the fees to be assessed and paid:

<p>\$23.00 Option A (2VSB) * IT Services Library</p>	<p>\$15.00 Card Fee (2CAR) \$73.00 Option B (2VSA) * IT Services Library ** Campus Recreation</p>
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* IT Services includes password management, VPN, wireless and access management.
** Access to the HPER health and fitness facilities include the employee fitness center, Fieldhouse track, basketball courts in the HPER and Fieldhouse, Racquet Ball Courts can be reserved at the HPER Service Desk. Swimming pools cost on a use basis.

PAYMENT INFORMATION

AR PAYMENT CODE (if known): _____ or INDEX: _____ ACCOUNT CODE: 761500

Student will pay. This can be done online or at the Registrar's Office once fee has been applied.

AUTHORIZATION

- I acknowledge that I am the responsible official for this funding and authorize the requested transaction.
- I understand this authorization is for only one semester.
- I understand I must complete this form each semester I authorize payment.
- I understand all recipient questions will be directed to the sponsoring department.
- I understand all correspondence with the recipient will be facilitated by the sponsoring department.
- I understand processing will take 2-3 business days.

**CHECK THIS BOX UPON YOUR UNDERSTANDING
AND APPROVAL OF THIS PROCESS.**

_____ Printed name _____ Date

PROCESS FLOW

