

**GRADUATE STUDENT ORGANIZATION**  
**SUNY AT STONY BROOK**  
Room 227, Student Activities Center  
Stony Brook, NY 11794-2800  
(631) 632-6492/8965 (fax)

**STUDENT ACTIVITY FEE**  
**REFUND REQUEST FORM**

So that student activity fee waivers continue to be processed in a timely manner, the GSO will be adhering to the following timeline.

<u>Waiver Requests</u>	<u>Last Day to Submit</u>
Fall	Oct. 15th
Spring	Feb. 23 <sup>rd</sup>
Summer	June 15 <sup>th</sup>

**Applications will not be accepted after these dates.** Waivers for previous semesters will not be considered. Eligibility does not necessarily mean a refund will be granted. The GSO only budgets for a certain number of refunds per semester. Successful applicants for circumstances relinquish their membership in GSO and lose all rights and privileges of this membership.

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Campus Standing: \_\_\_\_\_

I hereby ask that the Graduate Student Organization consider this request for a refund of my Student Activity Fee for the (Fall, Spring -choose only one) semester of 20\_\_ (year) according to Section 302.14 (c) (2) of the 1971 resolution of the SUNY Board of Trustees which states that such considerations may be granted where, "payment of the fee may cause undue hardship." I make my request on the following grounds:



1. \_\_\_\_\_ The payment of the fee will cause undue financial hardship.

2. \_\_\_\_\_ Completion of Graduate work will occur before 2/3 of the semester is finished (must submit copy of academic schedule and have an academic advisor sign below).

\_\_\_\_\_  
Advisor's Signature

3. \_\_\_\_\_ Employment (Must submit copy of check stub reflecting the time in which you are applying for refund and showing 30 hours worked and have Employer sign below).

**Employer's statement:**

"The student identified below works \_\_\_\_\_ hours per week at \_\_\_\_\_  
(name of establishment); \_\_\_\_\_ (phone #)."

\_\_\_\_\_  
Employer's Signature

4. \_\_\_\_\_ Other (*The GSO Treasurer will make a determination on a basis per basis. Please describe why you should not pay the fee on a separate piece of paper.*)

If you do not meet any of the above requirements, you are entitled to appeal the decision at the next Senate meeting.

I certify that all the information contained herein is true, correct and complete and that I have read and understand this application.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Graduate Director

\_\_\_\_\_  
Date

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**GSO OFFICE USE ONLY**

\_\_\_\_ Approved      \_\_\_\_\_ Rejected

Date \_\_\_\_\_

Signature of GSO Treasurer \_\_\_\_\_