



**Accts. Rec. Use Only:**

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Bear Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I am an on-line, Extended Studies, off-campus or correspondence student at the University of Northern Colorado. I am requesting to pay the semester student fess so I can utilize the student fee funded services on campus. I understand that I may need to pay additional fees for various services at the Counseling Center, Health Center and Campus Recreation Center. I further understand that once I have chosen to have this fee added to my student semester bill, that I can no longer obtain a refund, even if I cancel, drop, withdraw or change classes. These fees will continue each following semester unless cancelled in writing or the student begins a program that automatically requires student fees.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date