

Individual Class Fee Opt-Out Request University of Kansas

Student Name:	Student II	D:
Term: You must list each app	licable class for which you wish to c above – a new request must be si	opt-out. This form covers only the term listed ubmitted each term.
Class # (5 digit)	Dept (example Art)	Catalog # (3 digit)
Course Title	Individual Class F	ee
Confirm Opt-Out (check	the box to confirm yes) Y	
Instructor Signature		
	ass(es) that I've listed above contain	registrar.ku.edu/tuition-and-fees for the Individual Class Fees as outlined in section
the cost of supplies to be responsible for purchas	pe used for the class assignments. B	dual Class Fees which are intended to cover y doing so, I understand that I will be we access to the consumable materials that who do pay the Individual Class Fee.
syllabus. Further, by or own and understand th class and may affect my used University supplies	oting out of this fee, I fully accept th at failure to do so on a timely basis academic success. I understand the	le to me based on my instructor's course he responsibility to obtain these items on my may impact my ability to stay current in this hat if I opt out and am later found to have a Individual Class Fee for the course. In
•	•	Individual Class Fee, I must do so by the end d-out by submitting this form, I may not
Student Signature		ate
This form must be subm the day of the third clas	•	Registrar at the following address by end of
Office of the University University of Kansas	Registrar	

Revised: 11/15/2023

1502 Building 1502 Iowa St. Lawrence, KS 66045