

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