

**SUNY AT STONY BROOK**  
**UNDERGRADUATE STUDENT GOVERNMENT**  
**SUITE 202, Student Activities Center**  
**Stony Brook, NY 11794-2800**  
**(631) 632-6460**

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

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

<b>Waiver Requests</b>	<b>Last Day to Submit</b>
Fall	End of 2 <sup>nd</sup> week of semester
Spring	End of 2 <sup>nd</sup> week of semester
Summer 1 <sup>st</sup> Session	End of 2 <sup>nd</sup> week of Session I
Summer 2 <sup>nd</sup> Session	End of 2 <sup>nd</sup> week of Session II

**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 USG only budgets for a certain number of refunds per semester. Successful applicants for circumstances relinquish their membership in USG and all rights and privileges of membership.

Waivers need to be requested per semester. Please indicate the semester below.

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

Semester: \_\_\_\_\_

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

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

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

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

I hereby ask that the USG consider this request for a refund of my Student Activity Fee for the \_\_\_\_\_ (Fall, Spring, Summer I, Summer II – 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. \_\_\_\_ Study Abroad (Must submit official proof of registration with program)

The student identified above will be attending classes in \_\_\_\_\_ for \_\_\_\_\_ semester(s).

\_\_\_\_\_  
Signature of Sponsor

2. \_\_\_\_ Internship/Clinical Rotation (Must submit copy of academic schedule and have an academic advisor sign below).

Academic Advisor’s statement: “The student identified below will be pursuing an internship with the \_\_\_\_\_ Dept. and will be working at \_\_\_\_\_; not on campus.”

\_\_\_\_\_  
Signature of Academic Advisor

3. \_\_\_\_ Child care (Must submit a copy of child’s birth certificate).

4. \_\_\_\_ Employment (Must submit copy of check stub reflecting the time in which you are applying for refund and showing **30 hours per week** worked and have Employer sign below). Employer’s statement: “The student identified above works \_\_\_\_\_ hours per week at

\_\_\_\_\_ (Name of Establishment)

\_\_\_\_\_ (Phone Number)

\_\_\_\_\_ (Signature).”

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

\_\_\_\_\_  
Date

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OFFICE USE ONLY

\_\_\_\_ Approved

\_\_\_\_\_  
Signature of USG Administrative Director

\_\_\_\_\_  
Date

\_\_\_\_ Rejected

\_\_\_\_\_  
Signature of USG Treasurer

\_\_\_\_\_  
Date