



# Jackson State University

1400 J.R. Lynch Street  
Jackson, Mississippi 39217-0299

## REMISSION OF FEES FORM

(Administrators, Faculty, and Staff)

This is to verify that: \_\_\_\_\_  
(Include Last, First, & Middle Name)

J-Number: \_\_\_\_\_

Department: \_\_\_\_\_

Department Account #: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
is eligible for remission of fees for the \_\_\_\_\_ semester of the \_\_\_\_\_ - \_\_\_\_\_  
academic year. Tuition Cost: \$ \_\_\_\_\_ .

| <u>Course ID</u> | <u>Course Title</u> | <u>Credit Hours</u> | <u>Days</u> | <u>Meeting Time Start</u> | <u>End</u> |
|------------------|---------------------|---------------------|-------------|---------------------------|------------|
| _____            | _____               | _____               | _____       | _____                     | _____      |
| _____            | _____               | _____               | _____       | _____                     | _____      |

### Approved by:

\_\_\_\_\_  
Immediate Supervisor Date

\_\_\_\_\_  
Dean of College/Director Date

\_\_\_\_\_  
Vice President of Area Date

\_\_\_\_\_  
Director of Human Resources Date

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_