



Fee Waiver Request

Please complete this form and attach documentation verifying your income (Schedule I from your bankruptcy petition is preferred, or you can send us a minimum of the last 60 days of your paystubs). Once we receive the completed form and proof of income documentation, we will process your fee waiver and you will receive e-mail confirmation once this process is complete.

If you are seeking a fee waiver prior to taking the course, please make sure you have created an account prior to submitting your fee waiver request. If you are seeking a fee waiver refund for a course fee that has already been paid, your ability to request a fee waiver expires after 60 days from the date payment was originally received. You can e-mail the fee waiver request to us at: support@ccadvising.com fax it to us at: (517) 861-2042, or mail it to us.

1. First name: _____ Last name: _____

Spouse's First name: _____ Last name: _____
(if applicable)

2. What is your household size?
(Example: You, your spouse, and two children would be a household size of 4).

3. What is your combined household yearly gross income _____ \$
(include all income sources, and your spouse's income, if available)

I / we hereby certify that all information provided on this form and in the attachments are true and correct to the best of my knowledge and belief. I / we understand that all information provided in this form and in the attachments are subject to verification and I / we agree to provide any documents requested for further verification.

Signature: _____ Date: _____

Name
(Print):

Spouse's Signature:
(if applicable)

Spouse's Name:
(Print, if applicable)

District:

Account Email
Address:

Phone:

(Remember to attach proof of income to this form, see instructions at the top of the form)