

## Tuition Fee Policy for Students with Permanent Disabilities Student Agreement & Registration Form

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

ASC Advisor: \_\_\_\_\_ Email: \_\_\_\_\_

***This form is to be completed by the student with the Access and Support Centre (ASC) Advisor, if the student requires a reduced course load as an accommodation for a disability and wishes to be considered under the Reduced Tuition Fee Policy.***

- I have a permanent disability, and have provided the ASC with supporting documentation.
- One of the accommodations for which I have been approved is being able to take a *reduced course load*.
- I will pay the same tuition fees for a program as students without a disability, until such time as the *full program tuition fee* has been paid.
- The Durham College Registrar's office will send an email to your DC Mail email account to notify you when you have reached the *Full Program Tuition Fee*.
- If I have received a refund from the Registrar's Office because I reduced my course load, I am aware that this amount will not count toward my cumulative *full program tuition fee*.
- I am aware that this policy covers only 1 program at a time. If I change/have changed programs at any time, I will begin tuition fee payments for that program as appropriate to my standing.
- This policy covers only courses that I completed successfully and for which I have paid. It does not cover courses that I need to take again due to late withdrawal or unsuccessful completion.
- (OSAP recipients only) I agree to contact the Financial Aid Office to inform them of my eligibility for this Tuition Fee Policy, at the beginning of the first year I qualify.
- I understand that only courses approved by my program of study are eligible for consideration under the Tuition Fee Policy. If I am unclear about this, I will discuss this with my Student Advisor.

### **STUDENT**

*I have read and understand the above information regarding the Reduced Tuition Fee Policy. I consent to my above information being entered into the Tuition Fee Policy Tracking database. I am aware that individuals in the Registrar's Office will have access to that database, as well as to any information that relates to my tuition/fee payment records.*

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

\_\_\_\_\_  
Date

### **ASC ADVISOR**

*I have assessed this student's documentation and verify that an accommodation of a reduced course load is appropriate for this student. I have reviewed this form with the student and provided a copy to the student, and retained the original along with an email to the registers office (Bev Patton) and the student advisor to acknowledge that the student is approved for the tuition reduction program in the students file.*

\_\_\_\_\_  
ASC Advisor Signature

\_\_\_\_\_  
Date