



Waiver for Student Organization
Account Eligibility
(updated 8/26/08)

Date: _____ Academic/Fiscal Year: _____

Name of student group: _____

Student organization Fund and Org number: _____

Current Agency (82xxxx) Fund balance:

\$

Name of faculty/staff member requesting waiver: _____

Reason(s) for this waiver:

If this Student Organization is overspent please provide a brief description below of the steps the student group's officers will be taking to pay the balance due plus the required deposit and to ensure that their student organization account does not become overspent in the future:

If this Student Organization is not overspent but is starting the year with less than \$250.00 please ensure that the student agency Officers have read the Policy and have been trained on Go-West. Please monitor their account during the course of the year to ensure that they do not spend more than the available balance.

By signing this waiver, I am accepting responsibility for the performance of the steps described above. I understand that if the student group fails comply with these steps and with Student Organization Account Policy, their account will be permanently closed and the group will lose eligibility for a student organization account.

 Faculty/Staff Advisor's Signature

 Department Chair/Manager's Signature

Received By:

Date:

 Business Office Representative

BUSINESS OFFICE USE ONLY

Waiver Status: **Approved** **Denied**

Approved By: