

# University of Washington U-Pass Charge Petition

Return to: **Student Fiscal Services**  
129 Schmitz Hall  
Box 355821  
Seattle, WA 98195-5821  
206-543-4694 fax: 206-685-2942  
e-mail: [sfshelp@u.washington.edu](mailto:sfshelp@u.washington.edu)

**QTR** \_\_\_\_\_

**YEAR** \_\_\_\_\_

Quarter Guide for ExPharmD Students  
Autumn: July 15-November 14  
Winter: November 15-February 14  
Spring: February 15-May 14  
Summer: May 15-July 14

## FOR OFFICE USE ONLY

### **Granted**

Advised Student  
Verbal  
E-mail  
Adj Balance

### **Denied**

Advised Student  
Verbal  
E-mail

**Done by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Student # \_\_\_\_\_ UW e-mail \_\_\_\_\_

Name \_\_\_\_\_

Last

First

MI

Address \_\_\_\_\_

Street

City

State

Zip Code

Last Name:

First:

Initial:

### **State reason you believe charge should be cancelled:**

I am a UW External Doctor of Pharmacy Student. The program is completed through distance learning methods. I do not reside in the Seattle metropolitan area and cannot use the U-Pass provided. Enclosed is the U-Pass sticker I recently received. As I cannot use this service, I respectfully request that you cancel the charge for this U-Pass.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Enclosures:** U-Pass Sticker is enclosed.