**Fee Waiver Application Form**

**DCU Undergraduate and Postgraduate / Master Courses**



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| **Name:** |  |
| **School / Unit:** |  | **Staff Number:** |  |

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| --- | --- |
| **Course:** |  |
| **Course Organiser:** |  |
| **Student / PAC number:** |  |
| **Duration of course:** |  | **Cost:** |  |
| **Reasons and benefits of attending\*:** |  |
| **Leave Requirements:** |  |

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| --- | --- | --- | --- |
| **Staff member Signature:** |  | **Date:** |  |
| **Head of School/Unit Signature:** |  | **Date:**  |  |
| **Learning & Development, HR signature:** |  | **Date:**  |  |