

Student Open Access Publication Waiver Request

Student Information

Full Name

Email

Student ID

Department/Program

Degree

Publication Information

Title of Article

Journal Name

Publisher

Submission Date

Waiver Request Details

Reason for requesting waiver

Open Access Fee Amount (if known)

Supporting documents (list files to attach as email)

Acknowledgement:

By signing below, I certify that I am the primary author and currently enrolled as a student. I confirm that all information provided is accurate.

Student Signature

Date