



Fee Waivers/ Reduction Form

I request reduction of fees with regard to the following enrolment:

Centre Name :

Centre Code :

Term :

Programme Code :

Name	Course Code	Course Title	Course Fee Waiver/Reduction Recommended	*Reason	Receipt No.

*All students must pay 20% of Course Fee - subject to a minimum of 20Euro and a maximum of 50Euro

**Supporting documentation in the form of Medical Card or proof of Social Welfare entitlements must be attached. (Photocopies of these will satisfy)

Approved by : _____
Principal/Head of Centre

Date : _____

Please mark forms FAO:

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