



TEXAS TECH UNIVERSITY

Student Business Services™

ELECT TO PAY FORM

Student's Name: _____

Student Id Number: _____

Semester: _____

I understand that I have the option to elect to pay for the Medical Services fee and/or Recreation Center fee. If I am enrolled in at least 4 credit hours, I have the option to elect to pay the Athletic fee. I do hereby exercise this option. I understand that this decision is irrevocable (non-refundable). I also understand that these amounts are based upon semester credit hours for which I am enrolled at the time of submitting this request.

I elect to pay additional charges (amounts) for the fees indicated below.

☐ Recreation Center Fee (TID7)

☐ Medical Services Fee (TID8)

☐ Athletic Fee (Must be enrolled in 4 or more credit hours (TID9)

☐ TTAP Athletic Fee (TA28)

This form is only valid for the semester indicated and is not valid for other semesters. Student Business Services will verify enrollment in the semester indicated. By signing below I understand that this fee(s) is non-refundable.

Student's Signature

Date

Student Business Services Use Only

_____/_____/_____
Date Processed