



**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY**

**REGISTRAR'S OFFICE**

1735 Wahnish Way, CASS Bldg., Suite #206

Tallahassee, FL 32307

Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

**REQUEST TO WAIVE  
LATE REGISTRATION FEE**

**Note: A separate form must be completed if both fees are requested for waiver.**

WAIVER REQUEST FOR:  LATE REGISTRATION

▼ Return to ▼

Registrar's Office - CASS Bldg., Suite #206

Student ID Number \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ (LAST) (FIRST) (MIDDLE) (MAIDEN)

STUDENT ADDRESS: \_\_\_\_\_  
Street Address Apt. #  
\_\_\_\_\_, \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
City State Zip Code

CURRENT FAMU  
EMAIL ADDRESS: \_\_\_\_\_

TERM (Check One):  FALL  SPRING  SUMMER YEAR: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW BEFORE COMPLETING THIS REQUEST:**

- A. WERE YOU ASSESSED THE LATE FEE DUE TO A PROBLEM WITH FINANCIAL AID? IF YES, ATTACH A LETTER FROM THE OFFICE OF FINANCIAL AID AND EXPLAIN BELOW.  YES  NO
- B. WERE YOU ASSESSED THE LATE FEE DUE TO A UNIVERSITY ERROR? IF YES, ATTACH A LETTER FROM THE DEPARTMENT THAT MADE THE ERROR AND EXPLAIN BELOW.  YES  NO
- C. WERE YOU ASSESSED THE LATE FEE DUE TO EXTRAORDINARY CIRCUMSTANCES SUCH AS ILLNESS OR DEATH IN THE FAMILY? IF YES, ATTACH ANY SUPPORTING DOCUMENTATION, SUCH AS A DOCTOR'S NOTE, OBITUARY, OR COPY OF DEATH CERTIFICATE AND EXPLAIN BELOW.  YES  NO

**PLEASE NOTE: LACK OF FUNDS IS NOT A VALID REASON TO WAIVE A LATE FEE. IT IS THE RESPONSIBILITY OF THE STUDENT, NOT THE ACADEMIC DEPARTMENT TO REGISTER BEFORE THE LATE FEE IS ASSESSED.**

EXPLANATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S SIGNATURE

DATE

REQUEST: APPROVED  DENIED

COMMENTS OR REASON(S) DENIED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S SIGNATURE

DATE

>>FOR LATE PAYMENT FEE APPEALS ONLY<<

DATE OF APPEAL: \_\_\_\_\_ APPROVED  DENIED