



REQUEST TO WAIVE LATE PAYMENT FEE

Student Financial Services

1735 Wahnish Way

Suite 103

Tallahassee, FL 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famu.edu

TERM (Check One): FALL SPRING SUMMER YEAR: _____ Student ID # _____

PRINT FULL NAME: _____ , _____ , _____ , _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

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

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

FOR OFFICE USE ONLY:
 Request: Approved Denied

Comments/Reasons Denied:

Supervisor's Signature: _____ Date: _____

FOR LATE PAYMENT FEE APPEALS ONLY
 Date of Appeal: _____ Request: _____
 Approved Denied
 Signature: _____