To appeal a late fee or late installment fee charge, please supply the following information. In Section B, briefly describe your reason for submitting this request to have your fee(s) waived. Appeals are generally considered only if University error is involved or unforeseen circumstances apply, and they must be received during the term in which the charge occurs. Please attach appropriate supporting documentation, if applicable. Completed forms should be sent to SFS using the contact at the bottom of this form.

**SECTION A. Student Information**

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Student ID Number</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Address (street address, apt number or PO Box, city, state, ZIP code)

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Amount Appealed</th>
<th>Term and Year Fee Was Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fee Type (please check one)  
- [ ] Late Payment Fee  
- [ ] Late Installment Fee

**SECTION B. Reason for Request**

Please state your reason for requesting a fee waiver. You may continue on the reverse side of this form, if necessary. You must sign this form certifying that the information you provided is accurate.

Signature  
Date

FOR OFFICE USE ONLY

[ ] APPROVED  
[ ] DENIED

Advisor’s Signature  
Date

Comments