



Approved _____ Denied _____

Request to Waive Fees \$75 Late Payment Fee

Last Name	First	Middle	Student ID Number
Current Address			Phone Number
Email Address			Effective Semester/Year

This form is to be completed by a student who is asking for waiver of the fee for a particular semester. Such requests are reviewed and acted upon by the Vice Chancellor of Finance & Business Administration (CFO).

The decision is not final until processed through the Accounting Office. **Waiver request approvals are extremely rare and require extenuating circumstances.**

Student's Signature _____ Date Initiated

Attachments: Student must provide:
 _____ Student Statement (explain why a waiver of the fee is being requested)
 _____ Student's External Documentation of claim (accident reports, insurance claims, hospital records, emails etc)

If complete documentation is not attached request will not be considered.

Do Not Write Below This Line

_____ Student Transcript showing semester in question
 _____ Student Fee Bill/Balance owed from semester in question

CFO Signature: _____ Date: _____ Approved ___ Denied _____

Comments: _____

For Office Use Only

Accounting Staff: _____ Date: _____
 _____ Keyed into computer by
 _____ Student notified of decision (e-mail or letter)