



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

REQUEST TO WAIVE LATE PAYMENT FEE

CASS Building
Student Financial Services
1735 Wahnish Way
Suite 103
Tallahassee, FL 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famuedu

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

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

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

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: _____