

Student Business Services 1500 University Center A Tallahassee, FL 32306-2394

Ph: (850)644-9452 Fax: (850)644-5142

StudentBusiness@fsu.edu

## **Late Registration Fee Appeal**

Name:			Emplid:			
Address:			Phone:			
Term Fee	was assessed: Fall Spring Sum	mer	Email:			
period, before waive university an act of	registration fee is assessed when a stubefore the first day of class, consistent wers of this fee only in cases of extent ty error, documented medical emergence of god or force majeure under standard to present written documentation of the	with Florida Statue 10 nuating circumstances by, call to active medic d contract law beyond	009.24(14)(d) of extreme al emergency d the contro	. University re financial burd or what would of the studer	egulation den, sign d be con nt. Stude	allows nificant sidered ents are
1) Does payment of the \$100 late registration fee create an extreme financial burden? (if yes, please attach relevant documentation and explain):					○ YES	ONO
2) Was the late registration due to University Error? (if yes, attach a letter from the department involved and explain):					○ YES	○NO
3) Was the late registration due to Extraordinary Circumstances, such as natural disaster or illness or death in the family? (if yes, attach supporting documentation, such as a doctor's note, obituary, or copy of death certificate, and explain):					○ YES	○ NO
4)Have you previously been assessed a late registration fee? (if yes, please explain):					○ YES	○ NO
Explanation	on:					
Student S	ignature		Date			
OFFICE 1	USE ONLY					
☐ Receiv	erm: Pay Reg	Resolution: Reason: Acct Updated by: Student Notified		Date:		
Late Regis	tration Appeal, Revised 11/16	ı				