HEAD HEATT TO BY HAND	105 Foo	ISTRAR'S Ol ote-Hilyer Administrat hassee, FL 3230	FFICE ion Center 97-3200	
LA	REQ FE PAYMENT (UEST TO WAI OR LATE REG		N FEE
WAIVER REQUEST FC	te: A separate form must b DR: LATE PAYME ▼Return to V sudent Financial Services Offi		are requested for wa ATE REGISTRATIO ▼Return to▼ ar's Office - FHAC 11	N Student ID Number
PRINT FULL NAME:	(LAST)	,	(MIDDLE)	(MAIDEN)
STUDENT ADDRESS: CURRENT FAMU	Street Address City	, State Zip Cod	Apt. # Phone: ()
EMAIL ADDRESS: TERM (Check One): PLEASE ANSWER THE	FALL SPRING		AR: COMPLETING TH	– IS REQUEST:
	D THE LATE FEE DUE TO A FROM THE OFFICE OF FINAN			
	D THE LATE FEE DUE TO A U IE DEPARTMENT THAT MAD			YES NO
ILLNESS OR DEATH	ED THE LATE FEE DUE TO EX IN THE FAMILY? IF YES, AT 2'S NOTE, OBITUARY, OR COI	TACH ANY SUPPORTING D	OCUMENTATION,	☐ YES ☐ NO
PLEASE NOTE: LACK O OF THE STUDENT, NOT				' IS THE RESPONSIBILITY ATE FEE IS ASSESSED.
EXPLANATION:				
STUD	ENT'S SIGNATURE		DAT	Ъ.
COMMENTS OR REASC	-	PPROVED DEN	IED	
SUPERVISOR'S SIGNA		PAYMENT FEE APPE	DAT	
DATE OF APPEAL:		PPROVED DEN	_	
OUR: 11-05-2018-CLM				