

Request to Waive Late Registration Fee

UFID	Last Name		First Name	MI	Date	
Email Address:				Phone Number:		
Term: 🖵 Fa	all 🖵 Spring	☐ Summer A	☐ Summer B	☐ Summer C	Year	
	sessed a late registr a letter (on departm			orida error?	☐ No , and explain below.	
immediate far		d all conceivable r		circumstances, such as with the established do		
	red NO to both of the ee. Therefore, there			ot meet the establishe	d criteria for waiver of the late	
Instructions	: Return the comple	ted and signed pet	tition form and all re	evant documentation t	o 222 Criser Hall.	
* Lac * A d	itions submitted with k of funds is not a ecision will be ava ition Status on ON	valid reason to vilable in five to se	vaive the late regis even business day		ease check your	
Explanation:	:					
					· · · · · · · · · · · · · · · · · · ·	
I hereby certi of my knowle		on and documenta	ation that I have sub	mitted for this petition	is true and accurate to the bes	
Signature					Date	
		F	OR OFFICE USE ONLY			
	: D Approved			mentation until		
	Signature	e of Authorized Repr	esentative		Date	