Request to Waive Late Registration Fee

UFID  Last Name  First Name  MI  Class/College  Date

Email Address: __________________________________________ Phone Number: __________________________

Term:  ☐ Fall  ☐ Spring  ☐ Summer A  ☐ Summer B  ☐ Summer C  Year ________

Were you assessed a late registration fee because of a University of Florida error?  ☐ Yes  ☐ No
If yes, attach a letter (on department letterhead) from the department responsible for the error, and explain below.

Were you assessed a late registration fee as the result of extraordinary circumstances, such as serious illness or a death in the immediate family, which prevented all conceivable means of complying with the established deadlines?  ☐ Yes  ☐ No
If yes, attach documentation and explain below.

If you answered NO to both of the above questions, you generally will not meet the established criteria for waiver of the late registration fee. Therefore, there is no reason to request a waiver.

Instructions:  Return the completed and signed petition form and all relevant documentation to 222 Criser Hall.

NOTE:  * Petitions submitted without documentation will be denied automatically.

* Lack of funds is not a valid reason to waive the late registration fee.
* A decision will be available in five to seven business days. For your result, please check your Petition Status on ONE.UF - one.uf.edu.

Explanation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I certify that the information and documentation that I have submitted for this petition is true and accurate to the best of my knowledge.

____________________________  ________________________
Signature  Date

Waiver of Fee:  ☐ Approved  ☐ Denied  ☐ Deferred for documentation until ____________

Comments: __________________________________________

________________________________________________________________________
________________________________________________________________________

Signature of Authorized Representative  ________________________  Date

For office use only

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