UF UNIVERSITY of FLORIDA

Request to Waive Late Registration Fee

Please Print

_ _____ _____ _____

UFID | Last Name | First | Middle | Class/College

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

Please answer the following questions BEFORE completing this petition:

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?
If yes, attach documentation and explain below. ☐ Yes ☐ No

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 (5) working days. Please call 352-392-1374, ext. 7237.**

Explanation:

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_____

Certification: I certify that these facts are true and accurate to the best of my knowledge.

_____ _____

Signature | Date

For office use only

Waiver of Fee: ❑ Approved ❑ Denied ❑ Deferred for documentation until _____

Comments: _____

_____

_____ _____

Signature of Authorized Representative | Date