UNIVERSITY OF FLORIDA
REQUEST TO WAIVE LATE PAYMENT FEE

NAME (LAST) (FIRST) (MI)  UFID NUMBER

PHONE NUMBER  EMAIL ADDRESS

TERM:  Fall  _____ Spring  _____ Summer A  _____ Summer B  _____ Summer C  _____ Year:  _____________

Before completing this petition please review the following Regulations of the University (3.037) regarding waiver of the late payment fee:

1) The University is primarily responsible for the delinquency.
   Were you assessed a late payment fee due to University of Florida error? If yes, attach a letter from the department making the error and explain below.

2) Extraordinary circumstances prevented all conceivable means of paying fees prior to the fee payment deadline.
   Were you assessed a late payment fee due to extraordinary circumstances, such as illness or death in the family? If yes, attach any applicable documentation, such as a doctor’s note, obituary or copy of death certificate, and explain below.

Please explain below and attach all relevant documentation before submitting this petition to University Bursar, 113 Criser Hall.

The above is the established criteria for waiver of the late fee.

PLEASE NOTE:
* University Bursar does not mail out tuition bills. Account balances may be obtained online at my.ufl.edu. The late payment fee cannot be waived because a tuition bill was not received.
* Payments on all financial obligations to the University are applied on the basis of age of the debt. The oldest debt will be paid first. The late payment fee cannot be waived if your payment was applied to an older debt. For example, if Charges Due shows Housing is due on the first of the month and Tuition and Fees is due two weeks after the first of the month, any payment made will be applied to the Housing charge before the Tuition and Fees charge.
* Lack of funds is not a valid reason to waive the late payment fee.

EXPLANATION:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

SIGNATURE  DATE

Contact University Bursar after 10 business days for the result of your petition.

OFFICIAL USE ONLY
Request:
Approved:  ___________  Denied:  ___________  Attach Doc:  ___________  See Committee:  ___________  1 x ONLY

Received:  ___________  Reviewed:  ___________  Initial:  ___________

Comments or reason(s) denied:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

University Bursar, 113 Criser Hall
Phone:  352-392-0181 / Fax:  352-392-3448

Balance Due:  ________________