UNIVERSITY OF FLORIDA REQUEST TO WAIVE LATE PAYMENT FEE

NAME (LAST) (FIRST)(MI)	UFID NUMBER
PHONE NUMBER	EMAIL ADDRESS
TERM: Fall SpringSummer A	Summer BSummer CYear:
Before completing this petition please review the follow payment fee:	ving Regulations of the University (3.037) regarding waiver of the late
1) The University is primarily responsible for the delin	quency.
Were you assessed a late payment fee due to University error and explain below.	of Florida error? If yes, attach a letter from the department making the
2) Extraordinary circumstances prevented all conceiv	able means of paying fees prior to the fee payment deadline.
Were you assessed a late payment fee due to extraordinary applicable documentation, such as a doctor's note, obituary	y circumstances, such as illness or death in the family? If yes, attach any 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 and	e applied on the basis of age of the debt. The oldest debt will be paid first.
	t was applied to an older debt. For example, if Charges Due shows tion and Fees is due two weeks after the first of the month, any earge before the Tuition and Fees charge.
Lack of funds is not a valid reason to waive the late payme EXPLANATION:	
SIGNATURE	
	10 business days for the result of your petition.
OFFICIAL USE ONLY Request:	
Approved:Denied:Attach Doc:	See Committee:1 x ONLY
Received: Reviewe	ed: Initial:
Comments or reason(s) denied:	
University Bursar, 113 Criser Hall	
Phone: 352-392-0181 / Fax: 352-392-3448	Balance Due: