

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:

- | |
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| <p>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.</p> |
| <p>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.</p> |

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: _____

