



FEE APPEALS COMMITTEE PETITION

TYPE ALL INFORMATION

NAME: _____ UCFID: _____ PETITION TERM: _____

KNIGHTS EMAIL: _____ PHONE NO: _____

Please answer this question with YES or NO before completing this request:

_____ Were you assessed the late fee due to a university departmental error? If yes, please attach a letter from the department explaining the error.

For any reasons other than university departmental error, please provide supporting documentation of your circumstances.

ACTION: Please check which is applicable.

Waive Late Payment Fee

Waive Late Registration Fee

Waive Dropped For Non-Payment Fee (DNP)

Waive Reinstatement Fees (Late Payment DNP / Late Registration)

This is a re-appeal because my petition was previously denied.

BASIS FOR REQUEST: (Limit response to the space provided below.)

Student Certification: I understand that I will receive the committee's decision via email to my Knights email address.

STUDENT'S SIGNATURE

DATE

FEE APPEALS COMMITTEE DECISION

Approved

Denied

Comments: _____

RETURN TO: UCF Student Account Services
P.O. Box 160115, Orlando FL. 32816-0115
Email: stuacct@ucf.edu
FAX: 407-823-5127

BY: _____

DATE: _____