



FEE APPEALS COMMITTEE

Third Attempt Fee- Financial Hardship Disclosure Form

Student Name: _____ Date: _____

Student UCF-ID: _____ Term Repeat Course Fee Assessed: _____

INCOME	AVERAGE PER MONTH
Net Pay from Employment	
Financial Aid Award (after Tuition and Books)	
Parental Support	
Child Support	
Governmental Support	
Other Income (Pls. specify)	
TOTAL INCOME	
EXPENSES	
House Mortgage/Apartment Rent	
Electric	
Water	
Gas- Apartment/Home	
Cable/Satellite	
Telephone- Apartment/Home	
Cell Phone	
Car Payment/Lease	
Car Insurance	
Car Gas and maintenance	
Food and personal items	
Credit Card payments	
Entertainment	
Other Expenses (Pls. specify)	
TOTAL EXPENSES	
NET MONTHLY (INCREASE/DECREASE)	

SIGNATURE: _____

(Please submit supporting documentation related to Income and Expenses)