



# FEE APPEALS COMMITTEE PETITION

*(Petitions must be submitted within six months after the term the late fee is charged in order to be considered.)*

## TYPE ALL INFORMATION

*(Petitions that are not typed will be rejected automatically)*

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.

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

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**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: studentaccounts@ucf.edu  
FAX: 407-823-1982

**BY:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_