



**OFFICE OF THE BURSAR
LATE PAYMENT WAIVER REQUEST**

Florida Gulf Coast University will approve a waiver of the Late Payment Fee if a student is unable to make payment on time due to circumstances determined by the University to be exceptional and beyond the control of the student. Requests for a waiver must meet one of the following conditions to be considered.

All Late Payment Fee Waiver Requests must be submitted to the Bursar's Office within six months after the end of the term for which the refund is requested.

Name: _____ University Identification Number (UIN): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

COMPLETE ITEMS A-D:

A. Check the condition(s) which apply to this waiver request:

_____ Student illness of such severity or duration that precludes timely payment of registration fees, as confirmed in writing by a physician.

_____ Death in the immediate family (parent, spouse, child or sibling) that precludes timely payment of registration fees, as confirmed by documentation indicating the student's relationship to the deceased.

_____ Involuntary call to active military duty or return from active duty that precludes timely payment of registration fees, as confirmed by military orders.

_____ University error which precludes timely payment of registration fees, as confirmed in writing by an appropriate University official or by an appropriate official University document.

_____ Other documented exceptional circumstances beyond the control of the student that precludes timely payment of registration fees, accompanied by letter of explanation and appropriate documentation.

B. Initial Date of Registration: _____

C. Term of Registration: _____

D. Sign and submit this form with your detailed explanation and documentation to the Bursar's Office. **REQUESTS WILL BE DENIED IF THE APPROPRIATE DOCUMENTATION IS NOT SUBMITTED ALONG WITH THIS FORM.**

Signature: _____ Date: _____

Recommended: [] Signature: _____ Title: _____

Approved: [] Denied: [] Signature: _____ Date: _____