



**OFFICE OF THE BURSAR
NON-USAGE OF FLORIDA PREPAID**

IMPORTANT: Your request will be for one semester only.

REQUEST DATE: _____

NAME: _____ UIN: _____
PLEASE PRINT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

DO NOT BILL:

ADDITIONAL COMMENTS:

TERM: _____

PREPAID TUITION

PREPAID HOUSING

STUDENT SIGNATURE: _____

BURSAR'S OFFICE ONLY BELOW THIS LINE

COMPLETED BY: _____ DATE: _____