FLORIDA A&M UNIVERSITY COLLEGE OF LAW
REGISTRAR'S OFFICE
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Office: (407) 254-3287
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REQUEST TO WAIVE LATE PAYMENT OR LATE REGISTRATION FEE

NOTE: A separate form must be completed if both fees are requested for waiver.

WAIVER REQUEST FOR: ☐ **LATE PAYMENT** ☐ **LATE REGISTRATION**

Student ID Number: _____

PRINT FULL NAME: _____ _____ _____
(LAST) **(FIRST)** **(MIDDLE)**

STUDENT ADDRESS: _____ _____
STREET ADDRESS Apt. #

_____ , _____ _____ PHONE: _____
CITY STATE ZIP CODE

TERM (Check Once): ☐ **FALL** ☐ **SPRING** ☐ **SUMMER** **YEAR:** _____

PLEASE NOTE: Lack of funds is not a valid reason to waive a late fee. It is the responsibility of the student to register before the late fee is assessed.

EXPLANATION: _____

_____

_____

_____

_____ _____
STUDENT'S SIGNATURE DATE

REQUEST: **APPROVED** ☐ **DENIED** ☐

COMMENTS OR REASON (S) DENIED: _____

_____

_____

_____ _____
SUPERVISOR'S SIGNATURE DATE