



REQUEST TO WAIVE LATE REGISTRATION FEE

Term (Check One): Fall Spring Summer **Year:** _____

STUDENT INFORMATION

Student Last Name		Student First Name	
Student ID Number		Student Phone Number	
Student Address:			
City and State:			Zip Code:
Student FAMU Email Address:			
Student Signature		Date	

PLEASE ANSWER THE FOLLOWING QUESTIONS AND INCLUDE SUPPORTING DOCUMENTATION

- A. Were you assessed the late registration fee due to a problem with financial aid? If yes, attach a letter from the College of Law Financial Aid Office and explain below.
 Yes **No**

- B. Were you assessed the late registration fee due to a University error? If yes, attach a letter from the applicable department that made the error and explain below.
 Yes **No**

- C. Were you assessed the late registration fee due to extraordinary circumstances such as illness or death in the family? If yes, attach any supporting documentation, such as doctor's note, obituary, copy of death certificate and explain below.
 Yes **No**

EXPLANATION FOR REQUESTING THE LATE REGISTRATION FEE TO BE WAIVED

Student Signature: _____ Date: _____

Sign and submit completed form with supporting documentation to RegistrarCOL@famu.edu

FOR OFFICE USE ONLY

Request is: Approved Denied

Remarks: _____

Department Representative Printed Name: _____

Department Representative Signature: _____ Date: _____