

# FEE APPEAL

ALL REQUESTS FOR REFUNDS AND OTHER FEE APPEAL ACTIONS MUST BE SUBMITTED NOT LATER THAN SIX (6) MONTHS AFTER THE END OF THE SEMESTER TO WHICH IT APPLIES. SUPPORTING DOCUMENTATION SHOULD BE ATTACHED.

Semester (circle one) **F** Sp Su Yr \_\_\_\_\_

UWF I.D. Number: \_\_\_\_\_

PRINT NAME AND MAILING ADDRESS:

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\*Are you on financial aid?  Yes  No  
 Fees paid by credit card?  Yes  No

Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check the applicable block(s) which apply to your appeal, attaching *required documentation (noted in parentheses)*:

- Late Payment Fee** (registration form and/or late fee payment)
- Withdrawal** with refund from a course or all courses due to:
  - University action beyond student's control
  - Medical (must be supported by signed statement from attending physician on official letterhead)
  - Death (must be supported by copy of death certificate or obituary notice)
  - Military duty (must be supported by copy of official orders)
  - Transferred to another city/state by employer (must be supported by letter on company letterhead)
  - Other (specify) \_\_\_\_\_
- Repeat Course Surcharge**     **Reinstatement**     **Other (specify)** \_\_\_\_\_

**\*Financial Aid / VA Benefits**

I am not receiving any type of financial aid.

I am receiving financial aid and have discussed the effect of the actions listed with the OSFA.

I am receiving VA benefits and have discussed the actions listed with Veterans Services.

Fill in the reference number, course prefix & number, and credit hour for each course affected by this appeal:

Ref #	Course Prefix/No.	Hrs	Ref #	Course Prefix/No.	Hrs	Ref #	Course Prefix/No.	Hrs

Use this space to provide information regarding your appeal (e.g., justification), attaching additional pages as needed.:

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Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: FOR OFFICIAL USE ONLY**

<p><input type="checkbox"/> <b>Approved</b>    <input type="checkbox"/> <b>TRs posted</b>    <input type="checkbox"/> <b>Disapproved</b></p> <p><b><u>Notified:</u></b>    <input type="checkbox"/> <b>Controller's Office</b>    <input type="checkbox"/> <b>Student</b></p> <p><b>Processed by:</b> _____    <b>Date</b> _____</p>	<p><b>Comments:</b></p> <hr/> <hr/> <hr/>
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