The University of South Florida will approve a waiver of the Late Registration Fee if a student registers late due to circumstances determined by the University to be exceptional and beyond the control of the student. In order to be considered for a late registration waiver, one of the conditions listed on this form must be met and documented. Submit completed forms and documentation to the University of South Florida, Office of the Registrar, SVC 1034, 4202 East Fowler Avenue, Tampa, FL 33620-6950.

Note: All Late Registration Fee Waiver Request must be submitted within two weeks of initial registration to the Registrar’s Office (Tampa) or Records and Registration Offices on regional campuses.

| NAME _________________________________________________ | STUDENT ID # ______________________________ |
| ADDRESS ______________________________________________ | LOCAL TELEPHONE NO. ______________________ |
| CITY & STATE __________________________________________ | WORK TELEPHONE NO. _______________________ |
| ZIP CODE | USF E-MAIL ADDRESS __________________________ |

COMPLETE ITEMS A-D:

A. Check the conditions(s) which apply to this request, along with supporting documentation.

___ 1. Illness of the student of such severity or duration to preclude completion of the course(s) as confirmed in writing by a physician (M.D.).

___ 2. Death of the student or death in the immediate family (parent, step-parent, grandparent, spouse, child or sibling) as confirmed by documentation (death certificate, obituary) indicating the student’s relationship to the deceased.

___ 3. Involuntary call to active military duty as confirmed by military orders.

___ 4. A situation in which the University is in error as confirmed by an appropriate University official.

___ 5. Other documented exceptional circumstances beyond the control of the student which precluded completion of the course(s) accompanied by explanatory letter and supporting documentation.

B. Initial date of registration ______________________________

C. Term of Registration _____________________________________

D. Sign and submit this form with your detailed explanation and documentation to the Office of the Registrar (Tampa) or the Records and Registration office on any regional campus.

______________________________________________________________________________  __________________________________________
Signature of Student        Date

FOR OFFICE USE ONLY

[ ] Approved

[ ] Denied

   Reason for denial:

______________________________________________________________________________  __________________________________________
Authorizing Signature                                                Date

RBoyd Revised 03/12