



USF ID: _____ Name _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____ EMAIL _____

Term of Registration: Fall Spring Summer Year _____

The University of South Florida will approve a waiver of the Late Payment fee if the student is unable to make payment on time due to circumstances determined by the University to be exceptional and beyond the control of the student. Requests for a waiver must meet one of the conditions listed below to be considered:

- University error which precludes timely payment of registration fees. A letter (on University letterhead) signed by an appropriate University official from the department responsible or an appropriate official University document must be included with your petition.
- Extraordinary circumstances such as severe illness, death in the immediate family (parent, spouse, child or sibling) and involuntary call to or return from active military duty that precludes timely payment of registration fees. Appropriate documentation (note from physician, copy of military orders, etc.) must be included with your petition.
- Other documented exceptional circumstances beyond the control of the student that precludes timely payment of registration fees. Appropriate documentation and a written explanation must be included with your petition.

Return the completed and signed petition form and all relevant documentation to SVC 1039. You can also email, FAX or mail the document to the address below.

Email: sfscommittee@usf.edu

FAX: 813-974-6077

Mailing Address:
 UCO-Student Financial Services
 University of South Florida
 4202 E. Fowler Ave, ALN 147
 Tampa, FL 33620

***In order for the late fee to be waived all past and current term charges due must be paid.**

***Petitions submitted without documentation will be denied automatically.**

***Petitions must be submitted to Student Financial Services by the end of the semester for which the waiver is requested.**

***Petitions are reviewed within ten (10) working days from the date received.**

If you have any questions please call us at 813-974-6056.

Explanation: Attach additional sheets if necessary and attach all supporting documentation.

Certification: I certify that these facts are true and accurate to the best of my knowledge.

Signature _____ Date _____

For Office Use Only

- Recommended _____
Signature _____ Title _____
- Approved** - submit form to Accounts Receivable _____
- Denied** - submit original form to Cashier's Office. Mail copy to student _____
Authorized Signature _____ Date _____