

LATE REGISTRATION FEE APPEAL

DIRECTIONS

You may submit an appeal to waive payment of a late registration fee charged to your University student account when you registered on the first day of the term or later. For consideration, you must submit a completed form, along with a **written statement on University letterhead** that is signed by a University staff or faculty member to verify his or her role in your late registration.

RETURN THIS FORM:

By mail

One Stop Student Services
University of Minnesota, Twin Cities
333 Robert H. Bruininks Hall
222 Pleasant St. S. E.
Minneapolis, MN 55455-0239

In person on campus

333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

By fax

612-625-3002

Questions?

Phone: 612-624-1111
TTY (hearing-impaired): 612-626-0701
Email: onestop@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

| PART 1. Student background | | | |
|---|---|------------------------------------|-------------------------------|
| University ID (or Social Security number) | | Name (last, first, middle initial) | |
| Program or college | | Phone number (include area code) | University e-mail @umn.edu |
| Amount appealed | Term and year fee was assessed <input type="checkbox"/> fall semester <input type="checkbox"/> spring semester | | Year 20 __ __ |
| PART 2. Reason for your appeal | | | |
| Please state your reason for appealing the late registration fee. Attach additional pages if necessary. | | | |
| <p>Reminder: You must also attach to this form a written statement on University letterhead that is signed by a University staff or faculty member, verifying his or her role in your late registration.</p> | | | |
| PART 3. Certification | | | |
| <i>My signature below certifies that the information I have provided on this form is true and accurate to the best of my knowledge.</i> | | | |
| Signature | | | Date |



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