

Late Fee Petitions **WILL NOT** be considered until your account balance is paid in full.

Waiver request is for the following semester:

Student Name: \_\_\_\_\_ Student UV ID: \_\_\_\_\_

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

Explain in detail why you are requesting the late fee waiver. Include information necessary for the Bursar and/or committee to understand your circumstances (500 characters):

Upload supporting document:

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

\_\_\_\_\_  
Date

*Office Use Only:*

Initial Review:

Reviewer Comments:

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

Committee Review:

Comments:

\_\_\_\_\_  
Signature of Bursar/Committee Member

\_\_\_\_\_  
Date

**Signature:**

**Email:**