

**FEE WAIVER APPEAL**

One Stop Student Services Center  
 University of Minnesota, Twin Cities  
 200 Fraser Hall  
 106 Pleasant St. S.E.  
 Minneapolis, MN 55455-0422  
 Telephone: 612-624-1111  
 Fax: 612-625-3002

**DIRECTIONS**

Additional fees will be charged to your University student account if you make payments after the due date, or your installment plan payment is less than the minimum amount due, or you register late. To appeal any of these charges, please complete all sections of this form. In Section B, briefly describe your reason for submitting this request to have your fee waived. If you are requesting a late registration fee waiver, **you must include a typewritten statement on official University letterhead** and signed by a University staff or faculty member, verifying their role in your late registration. Please be sure to sign Section C before you mail, fax, or bring the form to the One Stop Student Services Center at the address in the upper right corner.

**To fill in the form online, select the field and type. Print the completed form to add the required signature.**

SECTION A. Student information		
Name (last, first, middle initial)	Student ID number	Phone number (include area code)
Current address (street address, apartment number or P.O. Box, city, state, Zip Code)		
College or program	Amount appealed	Term and year fee was assessed
Fee type (Please check one.) <input type="checkbox"/> late payment fee <input type="checkbox"/> installment plan fee <input type="checkbox"/> late registration fee		
SECTION B. Reason for request		
Please state your reason for requesting a fee waiver. You may continue on the reverse side of this form, if necessary.		
SECTION C. Certification		
You must sign this form certifying that the information you provided is true.		
Signature		Date

**for office use only**

late payment fee 800121000012	installment fee 800122000005	late registration fee 100199900091	action taken <input type="checkbox"/> approved <input type="checkbox"/> denied	comments
one stop counselor's signature			date	



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.

