

LATE FEE WAIVER APPEAL

Instructions

Additional fees will be charged to your student account if you make payments after the due date, or if 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(s) waived. Appeals are generally considered only if University error is involved or unforeseen circumstances apply. Please attach appropriate supporting documentation if applicable. Completed forms should be mailed, faxed, or brought to Enrollment Services.

Send Completed Form To:

University of Rhode Island
Enrollment Services Green Hall
6 Rhody Ram Way
Kingston, RI 02881 USA

Phone: (401) 874-9500
Fax: (401) 874-5260
Website: www.uri.edu/es

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)			
Email address		Amount appealed	Term and year fee was assessed
Fee Type (Please check one.)	<input type="checkbox"/> Late payment 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. You must sign this form certifying that the information you provided is true.

Signature	Date
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For Office Use Only

late payment fee 240000009300	late registration fee 240000009200	appeal status: <input type="checkbox"/> approved <input type="checkbox"/> denied	comments
ES representative's signature		date	

