



DEPARTMENTAL  
LATE PAYMENT FEE WAIVER REQUEST

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 an administrative error as determined by the University. If the circumstances were not an administrative error the student needs to submit a separate late fee waiver request. Departmental requests for a waiver must meet the condition listed below to be considered:

**University error which precludes timely payment of registration fees. The waiver must be signed by the department's Dean or Chairperson. An explanation as to why this error occurred needs to be provided.**

Email or FAX the completed and signed petition form and all relevant documentation to UCO-Student Accounting Services.

Email: [sfscommittee@usf.edu](mailto:sfscommittee@usf.edu)

FAX: 813-974-6077

**\*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 Accounting 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.**

Department Name: \_\_\_\_\_ Mail Point: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Term of Registration:** ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_

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

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Please list all the students the waiver is being requested for:

| USFID | LAST NAME | FIRST NAME |
|-------|-----------|------------|
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|       |           |            |
|       |           |            |

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

Submitted by (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_

Dean/Chair Person (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_

**For Office Use Only**

☐ **Approved** - submit form to  
Accounts Receivable

☐ **Denied** - submit original form to Cashier's  
Office. Mail copy to department.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date