



College of Law Registrar's Office

201 FAMU Law Lane, Orlando, Florida 32801

Email: RegistrarCOL@fam.u.edu Phone: (407)254-3279/3287 Fax: (407)254-3221

REQUEST TO WAIVE LATE REGISTRATION FEE

Term (Check One): Fall [] Spring [] Summer [] Year: _____

STUDENT INFORMATION

Form with fields for Student Last Name, Student ID Number, Student First Name, Student Phone Number, Student Address, City and State, Zip Code, Student FAMU Email Address, Student Signature, and Date.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND INCLUDE SUPPORTING DOCUMENTATION

- A. Were you assessed the late registration fee due to a problem with financial aid? If yes, attach a letter from the College of Law Financial Aid Office and explain below. [] Yes [] No
B. Were you assessed the late registration fee due to a University error? If yes, attach a letter from the applicable department that made the error and explain below. [] Yes [] No
C. Were you assessed the late registration fee due to extraordinary circumstances such as illness or death in the family? If yes, attach any supporting documentation, such as doctor's note, obituary, copy of death certificate and explain below. [] Yes [] No

EXPLANATION FOR REQUESTING THE LATE REGISTRATION FEE TO BE WAIVED

Blank lines for providing an explanation for requesting the late registration fee to be waived.

Student Signature: _____ Date: _____

Sign and submit completed form with supporting documentation to RegistrarCOL@fam.u.edu

FOR OFFICE USE ONLY

Request is: [] Approved [] Denied

Remarks: _____

Department Representative Printed Name: _____

Department Representative Signature: _____ Date: _____