## Request to Waive Late Registration Fee



| Name   | DU ID   |    |
|--|---|----|
| Email Address  | Term/Quarter  |    |
| n the case of extenuating circumstances that are beyond the<br>of their late registration fee. An appe¤JÊdë¾J¤ <b>சோ</b> வ் <b>ர்Dசி</b> ஞ்ஃ   |   |    |
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| Documentation: Letter on letterhead from immedia Unexpected increase in job responsibilities, required travel that prevented registration prior to the first day Documentation: Letter on letterhead from immedia specifies dates of increased workload or travel.   | d change in work schedule, or required y of classes.  | at |
| Institutional circumstances beyond the control of through written documentation. The department  | the student, requires departmental support must agree to pay late fee for the student.  | _  |
| If the documentation is adequate and establishes a condition he first day of the quarter, appropriate adjustments will be no nerit a waiver, the student must pay the late registration for eedecisions are final. Please provide a brief explanation below hate registration fee and attach the appropriate do cump Office of the Registrar or by email as an attachment to replease type your name on the signature line | nade to the student's account. If conditions do not e. Students will be notified of a decision by email. <u>A</u> of the circumstances resulting in the nentation. Return this form directly to the |    |
| Student Signature:   | Date:   |    |