☐ Petition for Late Enrollment Fee Waiver
☐ Petition for Default Charge Fee Waiver
Kansas State University
Controllers Office

Name: _____
Last First MI

Mailing Address: _____

_____

_____
City State Zip

Student ID # _____ **eMail** : _____
(typically ssn)

Date of Late Fee Assessment _____ **Amount** _____

Waiver requests must meet one or more of the following criteria to be considered:

A. Written documentation of an illness, accident, injury or other situation that kept you from making payment or adjusting class schedules as required (ie., include note from doctor).

B. Written verification from a Financial Aid Officer that financial aid was delayed due to no fault of the student. Please note: All students must follow through to make sure they have completed each step of the application, acceptance and receipt of financial aid. Failure to do so will NOT result in the waiver of default charges. The waiver in this case will only be granted if the University did not process the request in a timely fashion.

C. Written verification of extenuating circumstances that left the student unable to make payment or drop classes in a timely fashion.

Include with your documentation, a written explanation of how your situation fits one of the above criteria. This waiver request must be made in writing. It cannot be done by phone or in person.

Please Note: Payment must be received in the Cashiers Office by 3:30 PM on the due date. **MAILING A CHECK BY THE DUE DATE DOES NOT MEET REQUIREMENTS TO AVOID A LATE FEE CHARGE.** The University cannot be responsible for delays in the mail. Online payments by e-check or credit card will be posted in real time. Please go to http://www.ksu.edu/pay for more information.

Student Signature:_____ Date: _____

Please Mail or Fax to :

Late Charge Waiver Committee
Kansas State University Controllers Office
P.O. Box 68
Manhattan, KS 66506-0068

Fax Number (785)532-6454

e-Mail Address:latefees@ksu.edu

Forms may also be dropped off at 102 Anderson Hall.