Petition for Default Charge Fee Waiver Kansas State University Controllers Office

	Name:	Last	First		MI
	Mailing Addre				
	City	State		Zip	
	Wildcat ID #			Email :	
	Date of Default	t Charge Ass	sessed	Amount	
W	aiver requests	must meet o	ne or more of the f	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).				
В.	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.		rification of extenuating circumstances that left the student unable to make payment asses in a timely fashion.			
	criteria. This		· •		tuation fits one of the be done by phone or in
MAII A LA' payme	ING A CHEC TE FEE CHAR	K BY THE I RGE. The Un	DUE DATE DOES iversity cannot be r	esponsible for delays	JIREMENTS TO AVOID
Stude	nt Signature:			Date:	
	Please e-Mail	or Fax to:			
	Default Charge latefees@ksu.e Fax Number (7	edu - or -			

Forms may also be placed in the drop box on the door of 212 Anderson Hall.