

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

UMD Student Financial Services
1049 University Dr, 129 DAdB
Duluth MN 55812

IN PERSON ON CAMPUS TO:

Student Financial Services
129 Darland Administration Building

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu)**. Forms can be sent to umdsfs@d.umn.edu.

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

FEE WAIVER APPEAL

Directions

Additional fees will be charged to your University student account if you make payments after the due date, or your payment plan payment is less than the minimum amount due. To appeal these charges, please complete all sections of this form. In SECTION B, briefly describe your reason for submitting this request to have your fee waived. Please be sure to sign SECTION C before you mail, email or bring the form to the Student Financial Services Office at the address in the upper right corner. **All charges subject to late fee assessment must be paid prior to review of this appeal.**

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

RETURN FORM:

BY MAIL TO:

UMD Student Financial Services
1049 University Dr, 129 DAdB
Duluth MN 55812

IN PERSON ON CAMPUS TO:

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129 Darland Administration Building

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdsfs@d.umn.edu

SECTION A. Student Information		
Name (last, first, middle, initial)	Student ID number	Phone number (include area code)
Current address (street address, apartment number or P.O. Box, city, state ZIP Code)		
UMD Email address @d.umn.edu	Amount appealed	Term and year fee was assessed
Fee type (Please check one.) <input type="checkbox"/> Late Payment Fee <input type="checkbox"/> Payment Plan Fee		
SECTION B. Reason for appeal		
Please state your reason for requesting a fee waiver. You may continue on the reverse side of this form, if necessary.		
SECTION C. Certification		
You must sign this form certifying that the information you provided is true.		
Signature		Date

for office use only			
Late Payment Fee 800340000010	Payment Plan Fee 800340000022	action taken <input type="checkbox"/> approved <input type="checkbox"/> denied	comments
Appeal Committee Signature		date	



To request copies of this form in an alternative format, please call 218-726-8000.
The University of Minnesota is an equal opportunity employer and educator.

SECTION B. Reason for appeal

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