

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 Office of the Registrar
1049 University Drive, 139 DAdB
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

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 umdhhelp@d.umn.edu.

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

No need to print this cover page.

LATE REGISTRATION FEE APPEAL

Directions

You may submit an appeal to waive payment of a late registration fee charged to your University student account when you registered on the first day of the term or later. For consideration, you must submit a completed form, along with a **written statement on University letterhead**, that is signed by a University staff or faculty member to verify his or her role in your late registration.

Make copies of your documents. Documentation will not be returned to you.

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Duluth MN 55812

IN PERSON ON CAMPUS TO:

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QUESTIONS?

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

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.

Student information			
Student last name		First	Middle
Current street address		City	State Zip Code
Student ID number	U of M E-mail @d.umn.edu	Phone (include area code)	
Term and year fee was assessed <input type="checkbox"/> Fall semester <input type="checkbox"/> Spring semester <input type="checkbox"/> May session <input type="checkbox"/> Summer session Year 20 ____ ____			College (e.g., CLA, SCSE)
Your reason for appeal—attach additional pages if necessary. (Remember, also, to attach a statement, on University letterhead, signed by a University staff or faculty member verifying thier role in your late registration.)			
Student certification			
My signature below certifies that the information I have provided on this form is true and accurate to the best of my knowledge.			
Student signature			Date

Office use only	
Authorized signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Dept Charge Comments:	Effective date _____
	By _____ Date _____