

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:**

One Stop Student Services  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**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).**

To learn more about what might be personally identifiable information, visit [studentprivacy.ed.gov](http://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.

**RETURN FORM:**

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One Stop Student Services  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**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.	
<b>Student signature</b>	Date

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