

Student Notified Date:___

Student Financial Services Fletcher Center, Room 110 (906) 635-2600 busops@lssu.edu

Late Payment Fee Appeal

lame:	Student ID:	
ddress:	Phone:	
	Email:	
Term Fee was assessed: □Fall □Spring □Su	ımmer Year:	
Is Tuition (less late fee) paid in full? ☐Yes ☐N	o If you have unpaid tuition that is past-due, your app	eal will be denied.
The late fee will only be waived in cases of University error or	Extraordinary Circumstances. Please identify which exc	eption applies to you:
1) Was the late fee due to Financial Aid Error? (If yes, attach	a letter from the Financial Aid Office and explain):	□Yes □No
2) Was the late fee due to University Error? (if yes, attach a le	etter from the department involved and explain):	□Yes □No
3) Was the late fee due to Extraordinary Circumstances, such documentation, such as a doctor's note, obituary, or copy of comparison.		yes, attach supporting □Yes □No
Explanation:		
balance due and risk cancellation if I do not pay tuit 2. The fee payment deadline is 30 days following the	ng balance on the 16th of each month. I will incur this tion/fees in full by the fee payment deadline. The due date of the bill. All financial activity on your studencess. Notification of a new billing statement is sent via	ent account can be viewed
3. If I add a course after the registration period, pay	yment is due immediately upon registration.	
4. The complete Student Financial Responsibility Pol https://www.lssu.edu/business-operations/tuition-ar		
STUDENT CERTIFICATION: I certify that I have read and and have completed this form truthfully and to the best of		/fee payments
Student Signature	Date	
OFFICE USE ONLY	Resolution:	
Received By:		
Verified Tuition/Fees paid in full:		