

Bursar's Office 863.874.8406 | Room 1103 4700 Research Way Lakeland, FL 33805-8531 bursar@FLPoly.org

Late Registration Waiver Request Form

Florida Polytechnic University will approve a waiver of the Late Registration Fee, if a student registers late due to circumstances determined by the University to be exceptional and beyond the control of the student. In order to be considered for a late registration waiver, one of the conditions listed on this form must be met and documented. Submit completed forms and documentation to the Office of the Registrar.

NOTE: All Late Registration Fee Waiver Requests must be submitted within two weeks of initial registration to the Registrar's Office.

Name: _____ Student ID: _____

Address:		
City:	State:	Zip Code:
Email:	@FLPol	y.org Phone:
Please Complete Items A-D) :	
A. Check the condition(s) v	which apply to this request, along with s	upporting documentation
1. Illness of the student	t of such severity or duration to preclud	le completion of the course(s), as confirmed in
writing by a physician (M.D	0.).	
2. Death of the student	t or an immediate family member, i.e.,	parent, step-parent, grandparent, spouse, child
or sibling, as confirmed by	a death certificate and an obituary clear	rly indicating the student's relationship to the
deceased.		
3. Involuntary or volunt	ary call to active military duty, as confir	med by military orders.
4. A situation in which t	he University is in error, as confirmed b	y an appropriate University official
5. Other documented	exceptional circumstances beyond the	control of the student, which precluded
completion of the course(s	s) accompanied by explanatory letter an	d supporting documentation.
B. Initial Date of Registration	on:	_
C. Term of Registration:		_
D. Sign and submit this for	m with your detailed explanation and do	ocumentation to the Office of the Registrar.
Student Signature:		Date:
For Official Use Only:	Approved	
	Denied. Reason for Denial:	
Authorized Signature:		Date: