APPEAL

Financial Aid Office
One Shields Avenue
(530) 752-2390

University of California
Davis, CA 95616-8596
financialaid.ucdavis.edu

REGISTRATION LATE FEE WAIVER APPEAL FORM

Name: _____ Date: _____
Last First M.I.

Address: _____
Street City State/Zip

E-Mail Address: _____

Student I.D. Number: _____ Phone No.: _____

The Financial Aid Office will not consider appeals from students who were not enrolled in 12 units or whose requirements and holds were not satisfied by the registration fee deadline.

Date enrolled (not wait listed) in 12 or more units: _____

Date by which **ALL** Financial Aid documents were submitted and/or requirements satisfied: _____

Please provide a written explanation as to why you believe that your late fee should be waived.

Office Use Only

☐ Approved Reviewed by: _____

☐ Denied Date Reviewed: _____