LATE FEE APPEAL FORM

If you believe there were extenuating circumstances which prevented you from making payment in full prior to the established due date, you may submit this form to the Office of Student Accounts. Please note: Late fee appeals will only be considered when a statement balance is paid in full. (You do not have to pay the late fee in order for an appeal to be reviewed.)

First Name _________________________ Last Name _________________________

Potsdam ID # __________________ e-mail address ___________________ Term _________

Please explain below the circumstances which you feel exempt you from the SUNY Potsdam late fee policy.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature _________________________ Date _________________

Completed written appeals will be accepted at the Office of Student Accounts ONLY, for accounts with no past-due balances.

____________________________________________________________________________________

For Office Use Only Decision: _____ APPROVED _____ DENIED

Note to student: __________________________________________________________
____________________________________________________________________________________

Signature _________________________ Date _________________