



Western University

OF HEALTH SCIENCES

Bursar's Office

REQUEST TO WAIVE LATE PAYMENT FEE

Term: _____ Student ID#: _____

Name: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW:

- A. Were you assessed the late fee due to University Error? Yes No
- B. Were you assessed the late fee due to extraordinary circumstances
such as illness or death in the family? Yes No

If yes to any of the questions, please attach supporting documentation.

Please note: Lack of funds is not a valid reason to waive a late fee. It is the responsibility of the student to make arrangements or pay by the deadline.

Explanation: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Request: Approved Denied

Comments/Reasons Denied: _____

Supervisor's Signature: _____ Date: _____

FOR LATE FEE APPEALS ONLY

Date of Appeal: _____ Request: Approved Denied

Signature: _____ Date: _____