Late Fee Waiver Request Form

To be completed by the student:

Student’s Name: ____________________________________________

First Name, Last Name

Student CWID # __________________________

Home Phone: ____________________________ Cell Phone: ____________________________

MSU Email Address: _________________________________________

If necessary, gather supporting documentation to submit with your appeal.

If MSU requires additional information from you, a request will be made to the MSU EMAIL address you have provided above. Failure to respond will result in a denied waiver request. Please remember that a courtesy waiver may only be extended once during your career at MSU.

Clearly state the reason (s) of your appeal below.

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For Office Use Only

_____ Approved _____ Denied

Reason for Denial __________________________________________

Authorizing Signature __________________________________________

Date __________________________________________