

This form can be used to appeal late payment, re-instatement, late application and degree reprint fees. Appeals must be made within the semester the fee was applied to your account. **Incomplete requests will not be considered for appeal.**

A. PERSONAL INFORMATION					
Last Name		First Name		Student Number	
Phone Number		University of Guelph-Humber E-mail _____@guelphhumber.ca			
<b>Program</b> <input type="checkbox"/> BAA Justice <input type="checkbox"/> EC Studies <input type="checkbox"/> FCSS <input type="checkbox"/> Justice Studies <input type="checkbox"/> Media Studies <input type="checkbox"/> Business <input type="checkbox"/> ECDC <input type="checkbox"/> FCSSDC <input type="checkbox"/> Kinesiology <input type="checkbox"/> Psychology			<b>Academic Year</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>		

B. Brief Explanation
<b>What is the reason or circumstance surrounding this appeal request? (Attach a separate letter if necessary).</b>      

C. Additional Information	
<b>Appeal For</b>	<input type="checkbox"/> Late Payment Fee (Paid \$ _____) <input type="checkbox"/> Re-Instatement Fee (Paid \$ _____) <input type="checkbox"/> Late Application Fee (Paid \$ _____) <input type="checkbox"/> Degree Reprint Fee (Paid \$ _____)
<b>Fee Paid In</b>	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer <b>Year: 20_____</b>
<b>Select Which Applies To You</b>	<input type="checkbox"/> This is my FIRST semester at the University of Guelph-Humber <input type="checkbox"/> I have registered in a previous semester at the University of Guelph-Humber <input type="checkbox"/> I have completed my degree/diploma at the University of Guelph-Humber
<b>Documentation Attached</b>	<input type="checkbox"/> Yes – Documents will NOT be returned <input type="checkbox"/> No

Student's Signature

Date

FOR OFFICE USE ONLY			
Date Received	Request Status	Financial Advisor's Signature	Date
	<input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Partial <input type="checkbox"/> Pending		