



CASHIER'S OFFICE • 181 WHITE STREET • DANBURY, CT 06810-6885
CASHIERS@WCSU.EDU • 203-837-8381

LATE FEE APPEAL FORM

Student ID#: _____ Student Name: _____

Address: _____

City/State/Zip: _____

Cell Phone No.: _____ Late Fee Term: _____

University Email Address: _____

Reason for request: (Please attach relevant documentation)

I have read and understand the University late fee and appeal policy as stated on the Cashier's website at www.wcsu.edu/cashiers.

- All appeals must be submitted by the student by the end of the term in which the fee occurred.
- Requests filed by a third party will not be considered.
- Please allow two weeks for the Cashier's Office to research your request.

Student's Signature

Date

Please fill out the form, sign it, and click the **SUBMIT FORM** button. An email attachment will be created that will send the form directly to Paolinop@wcsu.edu.