



Appeal for Waiver of Penalties

Mr Ms Mrs Graduate Undergrad Year _____

Name _____ Student # _____
Surname Given Name

Email Address _____ Phone # _____

Address _____

City _____ Province _____ Postal Code _____

TYPE OF PENALTY ASSESSED (please check appropriate box):

Term _____ LATE FEE 2nd LATE FEE

REASON FOR APPEAL (Please use back of form if additional space is required):

Please ensure that all supporting documentation is attached, as appeals will only be considered based on the information provided.

Signature _____ Date _____

Completed forms can be dropped off at room 138 University Centre or emailed to stdntfee@umanitoba.ca

(This Section is for office use only)

Recommendations:

1. Approved Denied Signature _____

Comments: _____

2. Approved Denied Signature _____

Comments: _____

Detail Code _____ Amount _____ Detail Code _____ Amount _____