



# 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 315 Administration Building.**

**Forms may also be emailed to [stdntfee@umanitoba.ca](mailto: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 \_\_\_\_\_