



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 StudentPayment@umanitoba.ca

(This Section is for office use only)			
Recommendations:			
1. Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Signature _____	
Comments: _____ _____			
2. Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Signature _____	
Comments: _____ _____			
Detail Code _____ Amount _____		Detail Code _____ Amount _____	