

**REQUEST FOR LATE FEE, FINANCE CHARGE AND
REINSTATEMENT FEE WAIVER**

DATE: _____

TYPE OF FEE: _____ Late Fee _____ Reinstatement Fee _____ Finance
Charge

NAME: _____ Student Number: _____

**I have read and understand the UNIVERSITY LATE FEE,
REINSTATEMENT FEE, and/or the UNIVERSITY FINANCE CHARGE
POLICY as stated on the Bursar's website at www.bursar.vt.edu .**

**This request is for _____
Semester/year**

- **The deadline for Fee Waiver Requests is the end of the term in which the fee occurred.**
- **All Fee Waiver Requests must be filed by the student/accountholder. Requests filed by a third party will not be considered.**

REASON FOR REQUEST: (Be sure to attach any relevant documentation)

***Please allow 2 weeks for Accounts Receivable to research your request. You will have to pay the late fee/finance charge. If your request is approved you will be refunded.**

Please list the e-mail address where you would like to receive our response:

(Email Address)