



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 cashiers@wcsu.edu.