



STANTON UNIVERSITY

888 DISNEYLAND DR., SUITE 400, ANAHEIM, CA 92802
TEL. 714.539.6561 FAX. 714.537.6542 INFO@STANTON.EDU

Late Fee Waiver Request

Student Information

Full Name: _____ Student ID Number: _____ Program: _____

Email Address: _____ Phone Number: _____

Fee Information

Type of Fee (e.g. tuition late fee, library fine, etc.): _____

Amount of Late Fee: \$ _____ Original Due Date: _____

Date Payment Was Made (if applicable): _____

Reason for Late Payment

Explain the circumstances that led to the late payment. Attach any supporting documentation if available.

Supporting Documentation (if any)

- ☐ Medical Documentation ☐ Family Emergency
☐ Financial Hardship ☐ Administration or System Issue
☐ Other: _____

I hereby request consideration for a waiver of the late fee listed above. I confirm that the information provided is accurate and understand that submission of this form does not guarantee approval.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Comments:	
<input type="checkbox"/> Approved	
<input type="checkbox"/> (Full Waiver) <input type="checkbox"/> Partial Waiver: \$ _____	
<input type="checkbox"/> Denied	
CFO Signature: _____	Date: _____