



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: _____