



FEE ADJUSTMENT REQUEST

Office of the Registrar

4202 East Fowler Ave, SVC 1034

Tampa, FL 33620, (813) 974-2000

The University of South Florida approves a 100% refund of the tuition and registration fees if a student drops or withdraws for circumstances determined by the University to be exceptional and beyond the control of the student. In order to be considered for a fee adjustment, one of the conditions listed on this form must be met and documented. **Submit completed forms and documentation to the University of South Florida, Office of the Registrar, SVC 1034, 4202 East Fowler Avenue, Tampa, FL 33620.**

Note: Do not use this form to request a partial (25%) refund in cases of withdrawal from all classes for non-exceptional circumstances after the end of the drop/add period but prior to the end of the fourth week of classes. Students must complete a Refund Request form in the Office of Finance and Accounting (ADM 106) for this category of refund.

NAME _____
ADDRESS _____
CITY & STATE _____
ZIP CODE _____

STUDENT ID NO. _____

LOCAL TELEPHONE NO. _____

WORK TELEPHONE NO. _____

PLEASE FOLLOW THESE INSTRUCTIONS:

1. Prior to submitting this form, please **drop** or **withdraw** from appropriate courses. This form will **not** be acted on until the drop or withdrawal has been processed.
2. Specify applicable term and year.
3. Attach a detailed explanation and all documentation.
4. Sign and submit this form and appropriate documentation to the Office of the Registrar (SVC 1034).
5. The decision will be recorded at the bottom of this form and the pink copy will be mailed to the student. Please allow ten (10) working days for processing.

COMPLETE ITEMS BELOW:

- A. Check the conditions(s) which apply to this request
- 1. Illness of the student of such severity or duration to preclude completion of the course(s) as confirmed in writing by a physician (M.D.).
 - 2. Death of the student or death in the immediate family (parent, spouse, child or sibling) as confirmed by documentation (death certificate, obituary) indicating the student's relationship to the deceased.
 - 3. Involuntary call to active military duty as confirmed by military orders.
 - 4. A situation in which the University is in error as confirmed by an appropriate University official.
 - 5. Other documented exceptional circumstances beyond the control of the student which precluded completion of the course(s) accompanied by explanatory letter and supporting documentation.

B. **Applicable term and year** _____ C. **Repeat Course Surcharge:** Yes No

D. Fill in identifying information for course(s) for which a fee adjustment is being requested:

Ref. No.	Prefix	No.	Sec.	Hrs.

Ref. No.	Prefix	No.	Sect.	Hrs.

E. Sign and submit this form with your detailed explanation and supporting documentation to the Office of the Registrar (Tampa) or the Records and Registration office on any regional campus.

Signature of Student

Date

FOR OFFICE USE ONLY

[] Approved: _____ hours approved for full adjustment: Undergraduate: _____ Graduate: _____ T&D _____
Student should contact the Cashier's Office, ADM 131, 974-6056 for credit/debit card refund and your card will be credited. Contact Refund Cash Accounting, ADM 125, 974-2999 or 974-6053 for check, cash or Financial Aid refunds. Refunds will take approximately 5-10 business days to process.

[] Denied
Reason for denial: _____

Authorizing Signature

Date