| Student B# | |
|--------------|--|
| Student Name | |
| Semester | |



Office of Student Accounts P.O. Box 6003 Binghamton, NY 13902-600

| | | | Binghamton, NY 13902-6003 |
|---|---------------------|--------------------------------------|---|
| ADMINISTRATIVE/L | ATE FEE (\$ | 30) APPEAL FORM | |
| The balance due on the billing s \$30 fee. This appeal will not be | | | re to pay the balance due results in a paid in full. |
| If you believe there were extend payment by the due date, briefly sheet): | | | t prevented you from making use the back or attach a separate |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Student Signature | | Date Submitted to Student Accounts// | |
| | ne last day of clas | ses for the term of the late f | s only. Late fee appeals must be ee. Please allow 10 business days adjustments on your account. |
| For Office Use Only D | ecision: | APPROVED | DENIED |
| Note to student: | | | |
| | | | |
| | | | |
| | | | |
| Staff Signature: | | Da | ate: |