

LATE REGISTRATION FINE PETITION

DATE: _____

I request exemption from the Late Registration Fine for the _____ term.

Reason: _____

NAME (Print) _____

Signature _____

UIN _____ College _____

Address _____

City, State, Zip Code _____ Phone _____

E-mail address (If checked frequently) _____

IN PERSON

Records Service Center
901 West Illinois Street

BY MAIL

University of Illinois
Office of the Registrar
Registration Services
901 West Illinois Street, Suite 140, MC-063
Urbana, Illinois 61801

FOR OFFICE USE ONLY

Referred to _____ for recommendation or verification.

(Date)

(Signature)

FINAL ACTION

Approved _____
(Date)

Denied _____
(Date)

Signature: _____
For Office of the Registrar

Updated _____
(Date)

Student Notified _____
(Date)