Office of the University Registrar

Request for Reimbursement of the Late Registration Fee

Name:_____ CSU ID #_____
(Please Print)

Registration Term: Fall Spring Summer 20____ Registration Date_____

(Please Circle the Correct Term)

Explanation of why the Late Registration Fee should be reimbursed:
(Attach any documentation that supports your request)

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Student Signature Date

Submit the completed form and any documentation to UC 400

Please Note:
You must pay the Late Registration Fee to avoid additional fees being assessed to your account. If the committee approves your request, you will be reimbursed the Late Registration Fee. Fees can only be appealed in the current term. Past Late Registration Fee reimbursement requests will NOT be considered.

A copy of the decision will be mailed to your home address on file with the University.