

STUDENT NAME (Last, First, MI)	STUDENT ID	DATE
AUTHORIZED PARTY NAME (Last, First, MI)	AUTHORIZED PARTY EMAIL ADDRESS:	
ADDRESS	CITY, STATE, ZIP	
PHONE NUMBER (____) _____ - _____	CHAPMAN UNIVERSITY EMAIL ADDRESS:	
Please note that this email address will be used to communicate a decision to you		
SEMESTER (CHECK ONE): <input type="checkbox"/> SPRING <input type="checkbox"/> FALL <input type="checkbox"/> INTERTERM <input type="checkbox"/> SUMMER <input type="checkbox"/> YEAR:		

Please provide a detailed justification on a separate sheet of paper for the late fee appeal, and submit along with supporting documentation. **Please be advised that an appeal form submitted without appropriate supporting documentation may be denied on that basis alone. Late fee appeal must be completed and submitted by the student or authorized party only. Please allow 30 business days for a response.**

I attest that the statements I have written are factual. Misrepresentation is subject to Chapman University's Student Code of Conduct.

Student/Authorized Party Signature: _____ Date: _____

Upon completion of this form please mail, fax, email or hand deliver to:

Chapman University
 Attn: Student Business Services
 One University Drive
 Orange, CA 92866-1005
 Fax: (714) 744-7995
 Email: ocbusn@chapman.edu

OFFICE USE ONLY		
Date Received: _____	Initials: _____	Date Reviewed: _____
Decision: *See attached*		
Date decision notification sent: _____	Initials: _____	