Roger Williams University <u>Student Account Late Fee Removal Request</u>

Please complete all information in the student section and allow two weeks for processing.

Bursar's Office | Phone (401) 254-3520 | Fax (401) 254-3674 | bursar@rwu.edu

Data af December	or describer t	
Date of Request:	Student Id Number:	
Last Name:	First Name:	Middle Initial: _
Telephone #:	Email Address:	
Reason for Request:		
	est will not be completed without stu	Date:
THIS SECTION TO BE CO	MPLETED BY THE BURSAR'S OFFICE:	
*Please note: Do not s	ubmit form until account is in good s	tanding.**
Геrm: Ar	nount: Staff Initials:	Date:
Notes:		
FUIS SECTION TO DE CO	AADLETED DY THE LATE EEE DEAGNAL	CONANAITTEE
LUIS SECTION TO BE CO	MPLETED BY THE LATE FEE REMOVAL	. COIVIIVII I EE:
Comments:		
Committee Decision:	Approved: Denie	nd.
John Hillice Decision.	Approved. Define	.u.