FLORIDA PREPAID USAGE
BILLING CHANGE/CANCELLATION REQUEST

PRINT FULL NAME: ______________________________________________________________

PHONE#: ______________________________ STUDENT ID: ______________________________

EMAIL ADDRESS: _______________________________________________________________

Year: _______ Term: (check one): ☐ Fall ☐ Spring ☐ Summer

TUITION PLANS:
☐ I DO NOT WANT TO USE MY FLORIDA PREPAID TUITION PLAN
☐ I WOULD LIKE TO USE _____ CREDIT HOURS OF MY FLORIDA PREPAID TUITION PLAN

DORMITORY PLANS:
☐ I DO NOT WANT TO USE MY FLORIDA PREPAID DORMITORY PLAN
☐ I WOULD LIKE TO USE MY FLORIDA PREPAID DORMITORY PLAN

By signing this notice I understand that:

1.) I am financially responsible for all tuition and fees which include the Differential Fees if my plan was not established prior to 2007.
2.) I am financially responsible for my tuition and fees if my Florida Prepaid is cancelled or depleted.
3.) This form must be submitted before the 5th day of the requested semester.
4.) Accounts not paid by the Fee Payment Deadline will be assessed a $100 late payment fee.

_____________________________________________  ______________________________
Student Signature Date

***FOR OFFICE USE ONLY***

☐ Prepaid Updated/Removed by: _______________________________ Date: _______________________________