FLORIDA PREPAID USAGE
BILLING CHANGE/CANCELLATION REQUEST
Student Financial Services
CASS Building
1735 Wahnish Way
Suite 103
Tallahassee, FL 32307
Phone: 850-561-2949       Fax: 850-599-8618       Email: studentaccountsdocs@famu.edu

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: __________________