



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: _____