



**FLORIDA PREPAID USAGE
BILLING CHANGE/CANCELLATION REQUEST**

Student Financial Services
FHAC Suite G7
Tallahassee, Florida 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 PERPAID TUITION PLAN
- I WOULD LIKE TO USE _____ CREDIT HOURS OF MY FLORIDA PERPAID 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:** _____