



WESTERN NEVADA COLLEGE
Controller's Office

WNC REQUEST FOR LATE FEE REMOVAL

Student Name: _____

NSHE Student ID #: _____

Telephone #: _____

Semester: _____

Email: _____

Please select the reason you feel you qualify for a late fee removal:

_____ Death, incapacitation, illness, or injury of the student, their spouse or child, or other family member that prevented on-time payment

_____ Verifiable error on the part of the institution (attach supporting documentation)

_____ Financial aid or third party was supposed to pay outstanding balance in full

_____ Dropped all classes at 100% refund.

Please explain your case and supply supporting documentation. **Applications without appropriate documentation will not be considered. Attach additional sheets if necessary.**

Return this form directly to the WNC Controller's front desk or upload the document through the secure document upload tool at <https://wnc.edu/admissions/forms>

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student signature: _____

Date: _____

For Controller's Office Use Only

_____ **Approved** _____ **Denied**