

## **Third Repeat Course Surcharge**

Revised 3/7/2014

Last Name	First Nar	ne	Middle FSUID	
			Initial	
Street Address			City	State Zip
Email Address			Phone Number	
Course Prefix-Nui	First Attempt: _	Semester/Year		
Course From Hun	Second Attempt: _	Semester/Year		
	Third Attempt: _	Semester/Year		
	g a refund/charge adjustment c . Please explain in detail and at			ial provision of University policy for the
Florid Office A390 282 C P.O. I	st and supporting documentati da State University e of the University Registrar 0 University Center Champions Way Box 3062480 hassee, FL 32306-2480.	on must be filed with		
Student's Sign	nature		 Date	