



Controller's Office
Division of Financial Affairs
777 Glades Road
Boca Raton, FL 33431
tel: 561.297.6101
fax: 561.297.0683
www.fau.edu

REQUEST FOR CHANGE IN BILLING OF FLORIDA PREPAID

Student's Name _____ Student ID. Number _____

Student's Signature _____ Semester _____

Circle Change:

- Do Not Bill
- Bill for _____ credit hours

1. This form must be submitted by the last day to pay for each semester.
2. If the local fees are not paid by the last day to pay, a late fee will be assessed against your student account.
3. You are responsible for all tuition and fees in the event that you do not have enough credits remaining in the Prepaid Program.

Please return this form to the **Student Billing**. We are located in the Student Services Support Building, Room 227.

Accepted by: _____

Date: _____