Florida International University
Office of Student Financials
Request to Change Florida Prepaid Plan Standard Billing

PANTHER ID: ___ ___ ___ ___ ___ ___ ___       EFFECTIVE TERM: _____________

Print Student Name: _________________________       CONTACT ME AT: ______________________

PHONE OR EMAIL

I authorize the FIU Student Financials Office to make the following adjustment to the standard Florida Prepaid billing process for the term identified above.

Check One

___  Do not bill the Florida Prepaid Plan for my covered tuition expenses this term

___  Bill the Florida Prepaid Plan for this specific number of credit hours _______ only

____________________________________________________________________________________

I understand this request must be received in the Student Financials Office prior to the Last Day to Add/Drop Classes as published on the FIU Academic Calendar.

I understand this request is for this term only and normal billing to Florida Prepaid will resume for subsequent terms unless I request FIU otherwise in writing.

_____________________________________________ ___ ___ ___ ___ ___ ___
Student Signature & Date       Panther ID

FIU Use Only:       Processed by ______________________       _______ Cancelled from Contract

Process date: ______________________       _______ New Student Maximum Amount