Florida Prepaid Plan Opt-Out Form

Panther ID: ___________________________ Effective Term: ___________________________

Student Name: ___________________________________________________________________

Contact me at: ___________________________________________________________________
    Phone or Email Address

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 pay fees 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

FIU Use Only:  Processed by ___________________________  C Cancelled from Contract
    Process date: ___________________________  New Student Maximum Amount