

STUDENT FINANCIALS SERVICES

Florida Prepaid Plan Opt-Out Form

	Effective Term:
e:	
cial Security Numb	er:
Phone or Email Address	
FIU Student Financials O rocess for the term ident	office to make the following adjustment to the standard Florida tified above
oill the Florida Prepaid P	lan for my covered tuition expenses this term
Florida Prepaid Plan for	this specific number of credit hours only
s request must be received on the FIU Academic	red in the Student Financials Office prior to the last day to pay Calendar.
s request is for this term ns unless I request FIU o	only and normal billing to Florida Prepaid will resume for otherwise in writing.
udent Signature	 Date
Processed by	Cancelled from Contract
Process date:	New Student Maximum Amount
	cial Security Number at: Phone or Email Address FIU Student Financials Or rocess for the term ident cill the Florida Prepaid P Florida Prepaid Plan for serequest must be received on the FIU Academic as request is for this term as unless I request FIU of the series and the series of the seri