



HARVARD
GRADUATE SCHOOL OF EDUCATION

OFFICE OF THE REGISTRAR

Petition to Waive Fees

Name (Please print) _____

Harvard ID# _____

Phone: _____

I would like to waive the Late Fee for (check one):

Registration

Course Enrollment Form

Add/Drop

Cross Registration

Explanation of Circumstances:

Student's Signature: _____

Date: _____

Registrar's approval: _____

Date: _____

(Attach any pertinent paperwork such as note from physician, Juror Service Certificate, etc.)