

TUITION APPEAL FORM

| | | | |
|--------------------------------|------------|-------------|-------------------------|
| Student ID: | Last Name: | First Name: | Office Use Only: |
| Address: Street City State/Zip | | | Date Accepted: |
| Telephone: Day Evening Email: | | | Documents: Y N |
| | | | Staff: |

| Date Reviewed by Committee: | SUBJECT-COURSE | COURSE TITLE | # of CRS | Office Use Only: |
|-----------------------------|----------------|--------------|----------|---|
| | | | | To Be Completed by Business Office |
| | | | | Banner Term: |
| | | | | Amount Paid: |
| | | | | Method of Payment: |
| | | | | Amount Outstanding: |

Statement of Extenuating Circumstances (attach additional pages, if necessary):
 (Note: A petition arising from medical causes must be accompanied by a medical affidavit on separate physician/hospital letterhead. All petitions for nonmedical reasons must be accompanied by an appropriate supporting document.)

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|-----------------------------|-------|
| Student Signature: | Date: |
| College Official Signature: | Date: |
| Presidents Signature: | Date: |

| Office Use Only: | | | |
|-------------------------------|-------------|--------|---------------|
| Refund / Voucher request was: | RECOMMENDED | DENIED | Amount: Date: |
| Action: | | | |
| Reviewed and Processed by: | | | Date: |