



Unexpected Homelessness Tuition Appeal Form

This form must be completed by a third-party organization familiar with the situation. **Form and signatures cannot be typed.** Tuition Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

Student Information: The student must complete this box before submitting to the third-party organization

Student Name _____

PPSC Student ID# _____

Student Email _____

Semester Student is Appealing _____

Student DOB _____

Student Phone _____

I authorize the release of any information necessary to process this Tuition Appeal.

Student Signature

Date

Third-Party Organization Use Only: The student may not write in this box

Organization Name	
Administrator Name	
Administrator Title	
Administrator Phone	
Administrator Email	
Organization Address	

Would this situation have affected the student's ability to participate in on campus courses: () Yes () No

Would this situation have affected the student's ability to participate in online courses: () Yes () No

If yes, please indicate the start date of homelessness and, if applicable, end date of homelessness:

From ___/___/___ to ___/___/___
Date Date

Notes or information you would like to share that is pertinent to the current situation:

Administrator Signature and Date (Required)

Organization Stamp (Required)