Student Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Student ID #: |  |
| Address: |  | Phone number: |  |
|  |  | DOB: \_\_\_\_\_\_\_\_\_ |  |

Semester for which Tuition Appeal is requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course(s) requiring attention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
|  |

Student Signature Date

**Student do not write below this line or your Tuition Appeal will be denied.**

**ADMINISTRATIVE USE ONLY**

**Form must be completed in full. If blank spaces exist below, the request will be returned or denied.**

|  |  |
| --- | --- |
| Administrator Name |  |
| Administrator Department |  |
| Administrator Contact Phone |  |
| Administrator Contact Email |  |

It was found that an administrative error occurred in this case: ( ) Yes ( ) No

Please explain what happened on the lines provided below.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature (Required) Date (Required)