Student Information

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

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

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

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|  |

Student Signature Date

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

**SUPERVISOR OR HR USE ONLY**

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

|  |  |
| --- | --- |
| Supervisor/HR Rep Name |  |
| Supervisor/HR Rep Title |  |
| Supervisor/ HR Rep Phone |  |
| Supervisor/HR Rep Email |  |
| Workplace Address |  |

Is this pertaining to a job lay off? ( ) Yes ( ) No

**If YES, briefly describe the circumstances of the layoff in the lines provided.**

Is this pertaining to mandatory altered work hours? ( ) Yes ( ) No

**If YES, briefly describe the circumstances of the unexpected alteration in work hours in the lines provided.**

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|  |

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

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

Please indicate the starting date of the job lay off or altered work hours \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Is this a permanent change for the student? ( ) Yes ( ) No

If NO, as of what date can/could the student return to their old schedule or employment? \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Supervisor/HR Rep Signature (Required) Date (Required)