Student Information

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

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

Full Name of Person Who Passed Away: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Passing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Relationship to Student: Parent Child Spouse Sibling

**Required Attachment: Death Certificate or Obituary. Obituary must list student’s name.**

I certify that the above information is factual.

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Student Signature Date