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.

|  |
| --- |
|  |

Student Signature Date

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

**ADMINISTRATOR USE ONLY**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course  (include CRN and Course #) | Administrator  Name | Should the student have been considered a  No-Show in this course? | Administrator Signature | Date |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |

By signing this form, you verify that, according to attendance records, this student **did not attend** the above-mentioned course(s). Please be advised that you may be contacted if the Tuition Appeal Staff has further questions.