Student Information

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

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

Full Name of Your Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Listed Owner of Your Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Delinquency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State ID# of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Attachment: Certificate of Document Filed with the Office of the Secretary of State of The State of Colorado of delinquency.**

I certify that the above information is factual.

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Student Signature Date