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.**

**ORGANIZATION USE ONLY**

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

|  |  |
| --- | --- |
| Organization Name |  |
| Administrator Name |  |
| Administrator Title |  |
| Administrator Phone |  |
| Administrator Email |  |
| Organization Address |  |

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

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

If yes, please indicate the start date of homelessness and, if applicable, end date of homelessness:

From\_\_\_\_/\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Date Date

Notes or information you would like to share that is pertinent to the current situation:

|  |
| --- |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature (Required) Date (Required)