



TUITION APPEAL REQUEST

Date: _____ **STUDENT ID#:** _____

Student Name: _____

Address: _____

Phone Number: _____

Amount: _____ **Term:** _____

Reason for request: (please attach write-up if more space is needed)

Please return to the front reception desk (OneStop). Appeals are reviewed by the committee once monthly and you will be notified of the committee's decision via mail.