

This form must be completed by student's supervisor or HR representative. Tuition Appeal will be denied, and further disciplinary action may be enforced if this form is found to be forged.

Student Information:	
Name: _____	Student ID#: _____
Address: _____	Student Phone #: _____
	Student DOB: _____
Semester for which the 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. *******

SUPERVISOR OR HR USE ONLY		
Form must be completed in full. If blank spaces exist below, the appeal will be returned or denied.		
Company Name:	_____	
Company Address:	_____	
Workplace Address (if different from company address):	_____	
Supervisor/HR Rep Name:	_____	
Supervisor/HR Rep Title:	_____	
Supervisor/HR Rep Email:	_____	
Supervisor/ HR Rep Phone:	_____	
Student's Employment Status:	Full-Time <input type="checkbox"/> or Part-Time <input type="checkbox"/>	# Avg Hrs per Week: _____
Is this pertaining to a job lay off: Yes <input type="checkbox"/> or No <input type="checkbox"/> -- If YES, briefly describe the circumstances of the layoff:		
Is this pertaining to mandatory altered work hours? Yes <input type="checkbox"/> or No <input type="checkbox"/> -- If YES, briefly describe the circumstances of the unexpected alteration in work hours:		
Would this have affected the student's ability to participate in <u>on-campus</u> courses: Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Would this have affected the student's ability to participate in <u>online</u> courses: Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Please indicate the starting date of the job lay off or altered work hours: ____/____/____		
Is this a permanent change for the student? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
- If NO, from what date could the student return to their previous schedule or employment? ____/____/____		
_____ Supervisor/HR Rep Signature (<i>Required</i>)		_____ Date (<i>Required</i>)