

This form must be completed by a third-party organization (such as law enforcement, a counselor or therapist, medical personnel, court administrator, victim advocate agency or social worker) that is familiar with the incident. Tuition Appeal will be denied, and further disciplinary action may be enforced if this form is found to be forged.

Student Information (to be completed by student):

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**THIRD-PARTY ORGANIZATION USE ONLY*********Student do not write below this line, or your Tuition Appeal will be denied. *******

Note to Administrators: Please ensure that the form and signatures are not typed and that the form is fully completed. Any blank spaces will result in the appeal being returned or denied.

Organization Name: _____

Organization Address: _____

Administrator Name: _____

Administrator Title: _____

Administrator Email: _____

Administrator Phone: _____

Please indicate the date or starting date of the incident: ____/____/____

Would this incident have affected the student's ability to participate in **on-campus** courses: Yes ☐ or No ☐Would this incident have affected the student's ability to participate in **online** courses: Yes ☐ or No ☐

-If YES to either/both, please specify the duration the student has been or will be unable to attend classes due to the incident: FROM: ____/____/____ TO: ____/____/____ -- if NO to both, check here: N/A ☐

Please provide any relevant details or information related to this incident or situation:

Administrator Signature (Required)_____
Date (Required)

Organization Official Stamp