



Pikes Peak Community College

Victim of a Crime Tuition Appeal Form

This form must be completed by a 3rd party organization where incident was reported. Signatures cannot be typed. 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: _____ 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 dates during which the student would not have been able to participate:

From ___/___/___ to ___/___/___
Date Date

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

Administrator Signature (Required)

Date (Required)