

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: _____ S #: _____ Affected Semester: _____

Student Ph: _____ Student Email: _____

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 ☐ or Part-Time ☐	# Avg Hrs per Week:

Is this pertaining to an **involuntary job layoff**: Yes ☐ or No ☐

If YES, briefly describe the circumstances of the layoff:

Is this pertaining to **mandatory altered work hours**? Yes ☐ or No ☐

If YES, briefly describe the circumstances of the unexpected alteration in work hours:

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

Would this change have affected the student's ability to participate in online courses: Yes ☐ or No ☐

Please indicate the starting date of the layoff or altered work hours: ____/____/____

Please indicate the date the student was notified of the layoff or change in hours: ____/____/____

Is this a permanent change for the student? Yes ☐ or No ☐

- If NO, from what date could the student return to their previous schedule or employment? ____/____/____

Supervisor/HR Rep Signature (Required) _____ Date (Required) _____

Supervisor/HR Rep may return completed form to student for submittal or email it directly to TuitionAppeal@pikespeak.edu