



TUITION APPEAL STUDENT ACCOUNT SERVICES

Todd Wehr Hall
222

STUDENT INFORMATION

SNC ID #	NAME (LAST, FIRST, MI)
EMAIL ADDRESS:	PHONE #:
SEMESTER AND YEAR APPEALING: FALL 20 _____ SPRING 20 _____ SUMMER 20 _____	RECEIVING FINANCIAL AID (INCLUDING LOANS) YES _____ NO _____

REASON FOR APPEAL

Attach a letter of explanation detailing your circumstances and the reason you are requesting a refund/credit of tuition. Requests to appeal tuition will only be considered for extenuating circumstances that prevented attendance during a specific semester. You may include documentation to support your appeal. Please do not submit any confidential information or medical records.

COURSE INFORMATION (list only courses you are appealing)

Subject	Course Number	Course Title	Credits	Term/Year

STUDENT CERTIFICATION

By signing below, you acknowledge that you are aware of potential Financial Aid implications of appealing tuition. I have read the information on this form and the tuition dispute policy. The information I have provided in this appeal is accurate; I authorize Student Account Services to seek additional verification or information as needed.

Student Signature _____ Date _____

SUBMITTING THE APPEAL:

Completed appeal or questions, please contact:

Student Account Services
100 Grant Street
De Pere, WI 54115

Email: studentaccounts@snc.edu

STUDENT ACCOUNT SERVICES PROCESSING Date Received:				
Acct Balance			Financial Aid?	Y N
Previous Appeal?	Y N	Term: _____	Approved Amount \$ _____	Denied
Signatures:				
SAS _____		AVP of Bus&Fin _____		
Date _____				