



Petition to the Exceptions and Appeals Committee

Date _____

Name _____ ID# _____

Street _____

City/State/Zip _____

Home Phone # _____ Business Phone # _____ Cell Phone # _____

Status: Full Time Part Time Curriculum _____

1. Semester/Term of occurrence: Fall Spring Summer I II Year _____

Applicable course(s) and section (i.e. CIS-101-01):

2. Was amount paid? _____ How? _____ Total amount \$ _____

3. Amount appealed: \$ _____

4. Reason or basis for appeal: (attach documents—bills, applicable college forms, medical documents, etc.)

5. What action do you request? _____

6. Was financial aid involved? Yes No Which? _____

7. Additional comments: _____

Signature _____

OFFICIAL USE ONLY — PLEASE DO NOT WRITE BELOW THIS LINE

8. Registration Information: (verify course number and section, date withdrawn, special comments)

Date _____ Signed _____