



PARTIAL TUITION WAIVER APPEAL

DATE: _____

NAME: _____ ID# @ _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL ADDRESS _____

SESSION FOR WHICH YOU ARE REQUESTING APPEAL: _____

PLEASE LIST THE REASON FOR THIS APPEAL: _____

Student Signature

Date

OFFICE OF INTERNATIONAL EDUCATION INFORMATION

Review Date: _____ Reviewed By: _____

Recommendation: Approved _____ Amount _____ Denied _____

Comments: _____
