



Financial Policy Appeal Request Form

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Dean of Students' Office

Treasurer's Office

Please complete and submit this form if you are requesting an exception to: the refund policy, fees charged, deadline obligations, the standard payment plan duration, or to the registration *with no past due balance*.

Instructions:

- Complete this form in its entirety and submit it to the Dean of Student's Office.
- Please attach a written explanation of the exact policy that is relevant to your request. Be sure to include your rationale for the exception. In addition, please attach any appropriate documentation that supports your situation (i.e. physician's documentation or other third-party verification).

Student Information:

Last Name: _____ First Name: _____

(if known) CGU ID #254 - _____ Anticipated Graduation Date: _____

Academic Department: _____ Degree Program: _____

Semester relevant to the exception request: _____

Your Mailing Address: _____

Your Phone Number: _____

Your Email: _____

Please check the situation below that identifies your need for a financial policy exception:

- | | |
|--|---|
| <input type="checkbox"/> Late payment fee | <input type="checkbox"/> Late Registration Fee |
| <input type="checkbox"/> Payment Plan (creation/modification) | <input type="checkbox"/> Change in Registration Fee |
| <input type="checkbox"/> Past Due Balance & Registration ability | <input type="checkbox"/> Student Services Fee |
| | <input type="checkbox"/> Reinstatement Fee (this request must be accompanied by the Reinstatement Request Form) |
| | <input type="checkbox"/> Tuition Refund |
| | <input type="checkbox"/> Other. Please describe: _____ |

✍ Student's Signature: _____ Date: _____

Approvals:

Date Received: _____

Dean Of Students _____ Approved Denied Compromise

Treasurer's Office _____ Approved Denied Compromise

Comments: _____