

# University Student Fiscal Appeal Form

To be completed by the student only after reading the above guidelines.  
All fields are required. Missing information will result in rejection of your application.

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First Middle

Classification: FR. \_\_\_ SO. \_\_\_ JR. \_\_\_ SR. \_\_\_

If graduating, which semester? \_\_\_\_\_ Year? \_\_\_\_\_

**What is the basis of your appeal? (i.e. Flat Rate, changed majors, missed deadline, etc)**

\_\_\_\_\_ **Which semester are you appealing?** \_\_\_\_\_

Student's NEO E-Mail Address \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Your College and Department: \_\_\_\_\_

Use this space to provide information regarding your appeal (e.g., justification), attaching additional pages as needed:

I certify:

- That I have read the guidelines for filing a student fiscal appeal.
- That the information I have provided in this appeal is true and accurate.
- That I hereby authorize the Student Fiscal Appeals Panel to seek additional verification or information as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return your completed and signed form to Student Business Services Suite 2801 of the GSC, along with all supporting documentation. You may mail your appeal and supporting documentation to Student Business Services: Attention Student Fiscal Appeals, P.O. Box 30015, College Station, TX. 77842-3015**