

STUDENT ACCOUNT ADJUSTMENT FORM

Student's Name: _____

ID: _____

Student's request for adjustment of charges (attach supporting documentation):

Charge Type (Fee, Tuition, etc.): _____ \$ _____

Total amount of adjustment requested:

For what semester/year?

\$ _____

Student's explanation for request:

Student's Signature

Date

Registrar Action: _____ Approved

_____ Denied

Registrar's Signature

Date

Business Office Action: _____ Approved

_____ Denied

Business Office Manager's Signature

Date

Financial Aid Notification:

Person Notified

Date