

Date

Amount

Where futures take shape

Return Completed Form To:							
mmunity College	Fax:	(630) 466-4964					

Waubonsee Community Colleg Registration and Records Route 47 at Waubonsee Drive Sugar Grove, IL 60554-9454

Fax: (630) 466-4964

STUDENT ACCOUNT APPEAL

Mail:

STUDENT INFORMATION:							
Name				X-Number	X-Number		
Address	City		State	Zip			
Home Phone	Cell Phone		Work Phone				
SEMESTER: (check term and fil	l in year)	□FALL	□SPRING	□SUMMER	Year		
Please complete the box that applies to your appeal, including all requested information. Complete only one box.							
 I. COURSE APPEAL – TUITION & COURSE FEES (Choose One):							
CRN or Ticket Number	Course Name						
ARE YOU RECEIVING FINANCIAL AID? Note: If you are receiving financial aid and have withdrawn or will be withdrawing from all classes, you may be required to pay back part or all of the financial aid disbursed for the semester. Please check with the Financial Aid office to discuss your best course of action.							
II. FEE APPEAL (i.e. Parking, Library, Book Rental, etc.):							
LIST FEES WHICH SPECIFICALLY RELATE TO THIS REQUEST:							

Description (i.e. Ticket Number, etc.)

I understand that this request will be reviewed by the Appeal Committee and that the committee's decision is final.							
Student Sig	gnature			Date			
		For Of	fice Use Only				
Date	Status Appeal Rec'd/Logged	Initials	Date	Status Processed on Computer	Initials		
	Ready to Review			Letter Sent			
	Reviewed by Committee			Comment Screen Done			
		APPEAL	COMMITTE	=			
	☐ Approved	d		□ Denied			
Reas	sons:						
				2/22/	2016 (201620)		
				2/23/	2010 (201020)		

REQUEST AND SUPPORTING EXPLANATION:

Waubonsee Community College does not discriminate based on any characteristic protected by law in its programs and activities.