





California State University SAN MARCOS

STUDENT FINANCIAL SERVICES STUDENT APPEAL FORM

NAME			STUDENT ID NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE NO.	MOBILE TELEPHONE NO.	OTHER TELEPHONE NO.	EMAIL ADDRESS	
TERM (ex. Fall 2010) _____	PETITION FOR <input type="checkbox"/> Late request for refund in the amount of \$ _____ <input type="checkbox"/> A waiver of fees/billing correction only for \$ _____ <input type="checkbox"/> Other (specify) : _____			
	DUE TO: <input type="checkbox"/> Compulsory Military Service (Supporting documentation required). <input type="checkbox"/> Medical reasons – (Supporting documentation required). <input type="checkbox"/> Death in immediate family (Supporting documentation required). <input type="checkbox"/> Other (Specify)			
ARE YOU CURRENTLY IN WITHDRAWAL PROCESS? <input type="checkbox"/> Yes, Submittal date _____ <input checked="" type="checkbox"/> No		HAVE YOU EVER PETITIONED BEFORE? <input type="checkbox"/> Yes, Petition date _____ <input checked="" type="checkbox"/> No		
PETITION JUSTIFICATION – Print clearly and legibly. Please attach additional sheets if needed and all supporting documentation required.				
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>				
PETITIONER'S SIGNATURE			DATE	
				
OFFICE USE ONLY				
PETITION RECEIVED – DATE STAMP	ACTION TAKEN <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
	REASON			
APPROVING AUTHORITY (PRINT NAME & SIGNATURE)			DATE	
				
STUDENT NOTIFIED:	<input type="checkbox"/> EMAIL <input type="checkbox"/> LETTER <input type="checkbox"/> TELEPHONE			BY:

Please mail completed form with backup to: CSUSM ATTN: CASHIERS 333 S. Twin Oaks Valley Rd. San Marcos, CA 92096
 fax (760) 750-3158. For any questions please call (760) 750-4490