



Appeal of Debt/Tuition/Fee Waiver

Name _____ Date _____
Student ID# _____ Semester/Year Wavier Requested _____
Phone (H) _____ (W) _____ (C) _____
Current Address _____ City, State, Zip _____

Process

Your appeal, along with all relevant college documentation and records, will be reviewed by a committee of Business Office and Student Services staff familiar with the college processes and procedures involved. You will be notified in writing of a decision within fifteen (15) college working days from the date the College receives this request form. The committee's decision will be considered final.

I hereby acknowledge that I fully understand the process of the appeal and confirm that everything stated in this document is accurate:

Signature Date

Please return your completed form to the Business Office by fax at (252)430-0460 or mail at: Business Office, Vance-Granville Community College, P O Box 917, Henderson, NC 27536. Attach additional pages and documentation for Part I & Part II that support your appeal if relevant.

Part I

1. Who advised/registered you for your courses?
2. When did you make the decision not to attend your class(es)? (mm/dd/yyyy)
3. What steps, if any, did you take to notify the college after making the decision not to attend your class(es)?

Part II Describe the facts and circumstances that you want this committee to consider.