



GATEWAY PERSONNEL ACCEPTING FORM	
NAME _____	DEPT _____
DATE _____	TIME _____

STUDENT ACCOUNT APPEAL

As a student, you are responsible for charges and payments to your account. However, if you believe that you should not be responsible for payment due to extenuating circumstances, please explain on the back of this form.

This form will be returned to you if supporting documentation, including the date of the condition or circumstance, is not attached (i.e. medical forms, death certificate, incarceration information, etc).

Please note:

- If you are receiving or have received financial aid, any adjustment in charges may result in your need to repay financial aid that you have received.
- Student Account Appeals must be submitted within one year of the semester during which the charges were incurred.

Return this form to Registration, Student Services, on any campus or mail to:

Chrystal Moez, Registrar
Gateway Technical College
1001 South Main Street
Racine, WI 53403

Note: *The decision of the appeals committee is final.* Each appeal will only be heard once. This form is for student account appeals only. If you are having a problem with an instructor or other Gateway staff, please review the "It's Your Right" Sections of your Student Handbook.

Written notification of the result of your appeal will be sent to you by mail, within 30 days after the appeal is reviewed by the Appeals Committee. This form will be filed with the Registrar's Office.

Name _____ Student ID _____

Current Address _____

City _____ State _____ Zip _____ Phone _____

If the above address is different than what we have on file, do you want us to update our records with this address? Yes No

Information on charges being appealed: Semester _____

Course Number _____ Course Name _____ Amount \$ _____

_____ \$ _____

_____ \$ _____

SIGNATURE _____ DATE _____

