



\*0341402\*



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.

**Forms without supporting documentation cannot be accepted and will be returned to student. (e.g. letter from health care provider, death certificate, incarceration information, etc.)**

- 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.
- Note: *The decision of the appeals committee is final.* Each appeal will only be heard once. This form is for student account appeals only.
- For matters of academic concern, please review the "It's Your Right" Sections of your Student Handbook.

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

Chrystal Moez, Registrar  
Gateway Technical College  
1001 S Main St  
Racine, WI 53403

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 \_\_\_\_\_

Information on charges being appealed: Semester \_\_\_\_\_

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

