

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

Student Appeal – Refund

Location _____

PLEASE PRINT CLEARLY

Banner ID _____

Name _____
Last First Middle

Address _____
Street City State ZIP County

Term _____ Year _____ Date _____

Type of Fee/Fine Paid

- Maintenance Fee
- Technology/Access Fee
- Parking/Traffic Fine
- Library Fine
- Other _____

Amount Paid _____

Percentage of Refund Received (please check one)

- 100% 75% 25% 0%

Percentage of Refund Requested (please check one)

- 100% 75% 25% 0%

Is this your first appeal? Yes No

Action Reevaluated _____

Reason for Appealing _____

Student Signature

Comments _____

Recommendation Approved Denied _____
Name and Title Date

Comments _____

Recommendation Approved Denied _____
Administrative Head Date

Comments _____

Recommendation Approved Denied _____
Name and Title Date

White copy – Cashier's Office

Yellow copy – Student