

2018-2019 TUITION INCREASE HARDSHIP APPEALS FORM

STUDENT INFORMATION	
Date:	Student Name:
Student Number:	E-Mail Address
Phone # Permanent:	Phone # Local:
Address:	
(City/State/Zip)	
	DETAILS
Important: Attach a copy of your Financial Aid Award Letter to this form. Describe the circumstances on which this tuition increase is causing a financial hardship. You must attach documentation to support these circumstances before application can be reviewed by the Committee Documentation will not be accepted after the deadline Note: If granted, the Tuition Hardship Waiver will be posted to your student account. However, If additional aid is received after the Waiver is granted, the Waiver will be cancelled. Indicate your circumstances in the space provide below:	
Student's Signature	e: Date:
	FOR COMMITTEE USE ONLY
Committee's Decis	
Reason(s) for Deni	
Does not meet eligibility criteria No Documentation Other	
Committee's Signa	ture: Date:

Form must be received by: August 27, 2018 Southern University at New Orleans In the Vice Chancellor for Administration and Finance Office Administration Building, Suite 301 New Orleans, LA 70126 (504) 286-5117