

Attach a copy of your Financial Aid Award Letter to this form.



TUITION INCREASE/ FEE HARDSHIP APPEAL FORM

IMPORTANT: Students may only appeal a fee or tuition increase if the appeal is specified by legislation.

Semester/Year of Appeal

Today's Date

Name of Student

Student ID Number

Daytime Phone No.

Mailing Address (City, State, Zip Code)

Which fee(s) or tuition increase(s) are you appealing? Include financial amounts.

Describe the circumstances for which this fee or tuition increase is causing a financial hardship. Attach documentation of these circumstances.

I certify that I (1) am a Louisiana resident; (2) have already filed a FASFA and received an award letter from the Delgado Office of Financial Assistance; (3) am registered for a minimum of 6 credit hours and have paid at least 50% of the tuition before submitting this appeal; (4) must file this appeals form by the official withdrawal date for the semester; and (5) must provide documentation of extenuating circumstances.

I understand that (1) if I have a financial aid appeal pending, it can delay or nullify processing of my appeal; (2) if I receive aid and/or other awards, they must not cover the entire cost of tuition and fees; and (3) if I do not receive aid, I must describe and prove extenuating circumstances.

Student Signature: _____ Date: _____

If granted, waiver is applied to student's account no earlier than after the official enrollment date of each semester.

For office use only: _____ Hours earned at Delgado _____ Total hours earned _____ Hours currently enrolled

Waiver Granted: _____ Yes _____ No _____ Signature, Controller's Office

If yes, specify Fees/Tuition Increase; amount; and eligible semesters: _____

Form 1412/011 (4/08)