

COASTAL CAROLINA UNIVERSITY

Office of Residence Life

Appeal Form

This form is to be used if you are disputing any charges applied to your account by the Office of Residence Life. Appeals will only be heard if they are complete and submitted within thirty days of the incident/crime.

1. Complete this form and submit it to Office of Residence Life, Waccamaw Hall, Main Office. Attn: Penny Oakley
2. Be precise and specific in giving your reasons for this request.
3. All supporting information (i.e., copy of the bill, copy of withdrawal form, copy of registration audit with drop information, doctor's statement, etc.) **must be** attached or your application cannot be considered. It is your responsibility to submit all documentation to support your appeal. Insufficient documentation will be an automatic decline of your request.

(Please type or print clearly)

(Last Name) (First Name) (Middle) (ID Number)

(Current Address) (City) (State) (Zip) (Home) (Cell)

Request for a review of the charges on my account for: (check box or boxes)

- Housing Charges** **Property Damage Fine** **Other (explain below)**

I request a review of the charge to my account. This request is based on the following reasons (use additional paper if needed, be sure to attach all supporting documentation).

Signature _____

Date Submitted ____/____/____

Fee Appeals Committee Use Only

Date Request Rcvd: ____/____/____

Date Reviewed: ____/____/____

- Granted** **Declined** **Insufficient Documentation**

- Notified in person** **Notified by telephone** **Notified by letter**