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 when the charge was assessed to your account.

1. Complete this form and submit it with all supporting documentation to the Office of Residence Life in Waccamaw Hall.
2. Be precise and specific in giving your reasons for this request.
3. All supporting information (i.e. copy of a withdrawal form, 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 together at one time. Incomplete or insufficient documentation will result in an automatic decline of your appeal request.

Common issues:

Express Checkout Damage Charges: Please note that by choosing the Express Checkout option during Spring move-out, you waived your right to appeal any damage charges recorded during your duration of stay.

Roommate Issues: If you are appealing damage charges assessed to you that you feel were caused by a roommate or suitemate, we must receive an admission of responsibility from this person in order to remove charges from your account. In all cases where shared property or spaces have been damaged, all members of this space will be charged equally unless specific parties claim responsibility for these damages.

(Please print clearly below – Please attach typed sheets whenever possible)

(Last Name) **(First Name)** **(Middle)** **(CCU Student ID Number)**

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

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

Amount of Charge: _____ ❑ **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 _____/_____/_____**

Appeals Committee Use Only

Received Date: ____/____/_____

Notes:

Reviewed Date: ____/____/_____

❑ **Granted**
❑ **Declined**
❑ **Insufficient Documentation**

❑**Notified in person** ❑**Notified by telephone** ❑**Notified by letter** **Date of Notification:** ____/____/_____