Stephen F. Austin State University
Student Fiscal Appeal Form

Student’s Name (print): ___________________________________ SFA ID#: __________________
Address: __________________________________________________________________________
Telephone number: __________________________________________________________________

Specific charge that is being appealed:
Semester/Term: _______________  Amount: $_______________  Date of charge: __________________

Type (select one):

____ Penalty for excessive time to graduation (excessive hours)
   • current GPA ____________  • expected graduation term ____________________________
   • total attempted hours ________  • number of enrolled hours in term appealing _________

____ Tuition and fees due to extenuating circumstances culminating in withdrawal
   • Did you receive financial aid for the term you are appealing?  Yes ____  No____

____ Late add fee

____ Reinstatement fee

____ $1,000 tuition rebate eligibility

____ Penalty for repetition of a course more than twice (3-peat)

____ Eligibility for continuation of exemption or waiver status
   • current GPA ____________  • expected graduation term ____________________________
   • total attempted hours ________  • number of enrolled hours in term appealing _________

Please attach a letter and any supporting documentation fully describing the circumstances that justify removal or modification of the charge.

NOTE: Incomplete forms and/or forms submitted without applicable supporting documentation will not be reviewed by the Fiscal Appeal Panel.

For the purposes of considering this appeal, I hereby authorize all Fiscal Appeals Panel members to have full access to my education records that may have a bearing on deliberations concerning this appeal. I also authorize the Fiscal Appeals Panel to seek additional verification or information as needed.

I certify that I have read the guidelines and procedures for filing a student fiscal appeal (located on the SFA Business Office webpage). I also certify that the information I have provided on this form is true, accurate and complete to the best of my knowledge.

Student Signature _________________________________  Current Date: _________________________

Return this form with supporting documentation to the SFA Business Office:
In person: Austin Building, 2nd floor
US Postal Service: P.O. Box 13053, SFA Station, Nacogdoches, Texas 75962-3053
Fax: 936-468-7213

Once a decision has been made, a letter will be mailed to the address provided on the top of this form.

For SFA Business office use only: Student Fiscal Appeal Form Received (Date & Initials) __________________