

Cowley College Business Office Appeal Form

Please fill out clearly and completely as incomplete forms will not be considered.

Name _____ Cowley ID: _____

Address _____
Street or PO Box City State Zip

Phone No: _____ e-mail Address: _____

I am appealing to enroll for the fall/ spring/ summer (circle one) semester: _____(year)

I verify that the information provided in this appeal is true and accurate.

Student Signature

Date

****Write a detailed explanation of your situation and why you feel your circumstance warrants special consideration. Include appropriate documentation to support your justification. Submit this form, along with your written explanation/documentation to the Business Office, Attn: Appeals, Cowley College, 125 South 2nd, Arkansas City, KS 67005. You will be notified by mail of the committee's decision at the address listed above.**

For Office Use Only:

Past Balance Due: _____

Current Balance Due: _____

Financial Aid: _____

Cumulative GPA: _____

Total Credits Earned: _____

Other: _____