

Date: _____

Student ID: _____

Student Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

HOME

CELL

WORK

*If there is any email correspondence, those notifications will be sent to your JU email address.

Semester Appealing For (circle one): Fall Spring Summer

Term Appealing For (circle all that apply): Traditional term(s) 1st 8-wk 2nd 8-wk

Nature of your appeal (MUST provide the corresponding documentation):

- Personal illness or injury Physician verification proving you were unable to attend
- Illness or injury of an immediate family member Physician verification stating you were primary care giver
- Death of an immediate family member Copy of death certificate
- Required military or job transfer out of area Military transfer orders or employment verification
- Other _____ Letter of explanation **and** verification

Attach your letter of appeal and all supporting documentation to this form. Be specific and state your case clearly. Incomplete appeals will be returned. This completed form and all supporting documentation must be submitted to Student Financial Services Howard Admin Bldg Jacksonville University 2800 University Blvd N Jacksonville, FL 32211 or Faxed to 904-256-7148.

ALL DECISIONS ARE FINAL.

DO NOT WRITE BELOW THIS LINE

Committee Actions

- Approved
- Not Approved
- Returned for lack of documentation

Comments: _____

Authorized Signature _____

Date _____