

2014-2015



Financial Aid

Financial Aid Office

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Phone: (559) 278-2182 Fax: (559) 278-4833

www.fresnostate.edu/studentaffairs/financialaid/

Admission Fee Waiver Appeal Form

PLEASE PRINT IN BLACK INK

Name: _____

Student ID#: _____

Address: _____

SSN #: _____

Phone #: _____

Complete if student or student's parent income has decreased significantly from that reported on the original fee waiver request OR if there are unusual circumstances which warrant reconsideration.

Admissions Application for: (please check one) Fall 2014 Spring 2015

NOTE: Your appeal CANNOT be reviewed without the page from your Admissions Application that indicates the fee waiver request was denied.

PARENT(S) must complete and sign this section if parent income was requested on the original fee waiver request. The student's signature is also required.

STUDENT must complete and sign this section if student income was requested on the original fee waiver request.

Estimated Income for 2014:

Taxable 2014 Income \$ _____ (e.g., gross wages, salary, etc.)

Untaxed 2014 Income \$ _____ (e.g., Social Security, TANF, disability, pension, unemployment, etc.)

Total 2014 Income: \$ _____

Household: _____ Number of people in parent's household _____ Number of people in student's household

Explain unusual circumstances OR reasons for change in income from that reported on the original fee waiver request to the estimated year:

I have attached the page from my Admissions Application that indicates the fee waiver request was denied.

Student Signature

Date

Parent Signature

Date

OFFICE USE ONLY

APPROVED- Appeal form and attachments sent to Admissions for processing.

DENIED- Student must submit payment.

PENDING- Additional Information Required: _____

Comments: _____

Financial Aid Signature

Date

Copy to student

Copy to Admissions

Copy to Financial Aid

Copy to imaging