



Financial Aid Office
5150 N. Maple Avenue, M/S JA 64
Fresno, CA 93740-8026
Phone: (559) 278-2182 Fax: (559) 278-4833

Admission Fee Waiver Appeal Form

Name: 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.

SECTION I

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

Taxable Income (e.g., gross wages, salary, etc.)
Untaxed Income (e.g., SSI, TANF, disability, pension, unemployment)
Total

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:

You must attach the page from your Admissions Application with the denied fee waiver application request with this appeal form.

Student Signature Date Parent Signature Date

OFFICE USE ONLY

- APPROVED. Appeal form and attachments sent to Admissions for processing.
DENIED. Student must resubmit appropriate attachments with payment.
Additional Information Required.

Comments:

Financial Aid Signature Date Copy to imaging
Copy to student Copy to Admissions Copy to Financial Aid