LAKE REGION STATE COLLEGE
STUDENT BILLING APPEAL
POLICY AND PROCEDURE

1. Any student appealing a bill for a current or prior term must first complete the Student Billing Appeal Form and submit it to the Lake Region State College Student Affairs Office. The form can be obtained from the LRSC Student Affairs Office on the main campus in Devils Lake, from the Grand Forks Air Force Base (GFAFB) Education Center, or on the LRSC website www.lrsc.edu (click on Academics > Academic Forms > Student Billing Appeal).

2. The Vice President of Student Affairs will review the request and supporting documentation and make a determination.

3. If approved, the Vice President of Student Affairs will forward the Student Billing Appeal form to Administrative Affairs for appropriate action to adjust the student’s account.

4. The Business Office will retain a copy of the completed Student Billing Appeal and return the original to the Student Affairs Office.

5. Regardless of outcome, the Student Affairs Office will retain the original Student Billing Appeal form and mail a copy to the student.
Student Billing Appeal Form

Student: ________________________________________________________________

Student ID: ___________________________ Or last 4 digits of SSN ___________ and DOB ______________

Address: ______________________________ City: __________________ State: ______ ZIP: ___________

Phone: __________________________ Email: ________________________________

Term of Enrollment being appealed: Fall _______ Spring _______ Summer _______ Year _________

Appealed Course Number ____________________________ Appealed Course Name __________________________

Appealed Course Number ____________________________ Appealed Course Name __________________________

Appealed Course Number ____________________________ Appealed Course Name __________________________

Appeal Request: (Specify desired outcome.)

________________________________________________________________________________________

________________________________________________________________________________________

Reason for the Appeal: Continue on back if additional space is needed. Back up documentation is required.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Did you discuss this matter with college personnel? No _____ Yes _____ With whom: __________________

Student Signature: __________________________________________ Date: ______________

Return this form with pertinent information attached to:

Lake Region State College Or Lake Region State College
Attn: VP of Student Affairs Education Center
1801 College Dr N Attn: GFAFB Campus Director
Devils Lake, ND 58301-1598 344 Tuskegee Airmen Blvd
Lake Region State College
Education Center
Attn: GFAFB Campus Director
344 Tuskegee Airmen Blvd
Grand Forks AFB, ND 58205-6336

For Office Use Only

Appeal: Approved Disapproved Conditionally Approved __________________________________________________

Signed: __________________________________________ Date: ______________

Vice-President of Student Affairs Signature

Action taken: ____________________________________________________________