

## 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 Services Office. The form can be obtained from the LRSC Student Services Office on the main campus in Devils Lake, from the Grand Forks Air Force Base (GFAFB) Education Center, or on the LRSC website <a href="www.lrsc.edu">www.lrsc.edu</a> (click on Academics > Academic Forms > Student Billing Appeal).
- 2. The Vice President of Student Services will review the request and supporting documentation and make a determination.
- 3. If approved, the Vice President of Student Services will forward the Student Billing Appeal form to Administrative Services 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 Services Office.
- 5. Regardless of outcome, the Student Services 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                         | A <sub>1</sub>   | ppealed Course Name  |                                       |                                       |                                       |
|  |                  |  |                                       |                                       |                                       |
| Appeal Request: (Specify desired outo          | ome.)            |  |                                       |                                       |                                       |
|  |                  |  |                                       |                                       |                                       |
| Reason for the Appeal: Continue on ba          | ack if additior  | nal space is needed. <b>Back up d</b> o  | ocumentation                          | is required.                          |                                       |
|  |                  |  |                                       |                                       |                                       |
|  |                  |  |                                       | · · · · · · · · · · · · · · · · · · · |                                       |
|  |                  |  |                                       |                                       |                                       |
|  |                  |  |                                       |                                       |                                       |
| Did you discuss this matter with coll          | ege person       | nnel? No Yes   | With whom                             | :                                     |                                       |
| Student Signature:                             |                  |  |                                       |                                       |                                       |
| Return this form with pertinent information at | ached to:        |  |                                       |                                       |                                       |
|  | A:<br>18         | ake Region State College<br>ttn: VP of Student Services<br>301 College Dr N<br>evils Lake, ND 58301-1598 | Edi<br>Att<br>344                     | l Tuskegee A                          | ter<br>ampus Director                 |
| For Office Use Only Approved Disapproved       | Conditional      | ly Approved  |                                       |                                       |                                       |
| Appeal: Approved Disapproved                   | Conditional      | ly Approved  |                                       |                                       | <del>-</del>                          |
| Signed:  |                  |  |                                       | Date: _                               |                                       |
| Vid  | e-President of S | Student Services Signature   |                                       |                                       |                                       |
| Action taken:                                  |                  |  |                                       |                                       |                                       |