



TUITION APPEAL FORM

Return to: Student Accounts Office
9200 University Blvd
PO Box 118087
Charleston, SC 29423
843-863-8058 *fax*: 843-863-8074
Email: studentaccounts@csuniv.edu

Replies will be sent to your permanent address on file.

Student # _____ Phone # _____

Name _____
Last First MI

Semester _____ Year _____

Appeals are only processed with proper documentation.

FOR OFFICE USE ONLY

Granted
 Mailed Decision
 Adjusted Balance
\$ _____

Denied
 Mailed Decision

Done By: _____

Date: _____

Scanned into File

**Please read all guidelines for Tuition Appeals.
List the letter that best relates to your situation.**

State the reason you believe charges should be reduced or cancelled and the amount you believe should be reduced or cancelled:

Date: _____

Signature: _____

**Remember to include all documentation specified in the guidelines.
Charleston Southern staff may verify any information provided.**