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## Student Appeal Petition for the Review of Billing Charges

The Student Appeal Form for the Review of the Billing Charges allows students to petition for an adjustment of their charges. The Appeals Committee will review all student requests individually and make a determination based on Federal, State, and Institutional policies. Students submitting an appeal will need to meet all requirements and stipulations stated below before the petition will be reviewed. The Appeals Committee will review petitions once a month and notify students in writing by Terra e-mail of the findings.

APPEAL REQUIREMENTS	APPEAL STIPULATIONS
*Entire form must be completed in order to be reviewed. *Documentation associated with appeal must be attached & clearly identify the unusual or extenuating circumstance. *Charges must still reside at Terra State & not transferred to the OH Attorney General's Office (OAG). *One appeal per issue.	*Un-Appealable issues include, but are not limited to: grade-change requests, Return of Title IV Funds, & Charges that reside with the OH Attorney General's Office (OAG).

**Student Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_  
Please Print Legibly

**Address** \_\_\_\_\_  
Include street, apartment, city, state, zip

**Terra E-Mail** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_

**Term requesting appeal for**      \_\_\_ Fall      \_\_\_ Spring      \_\_\_ Summer      **Year** \_\_\_\_\_

Examples of Acceptable Documentation to Support Petition	
Medical Condition of Self or Immediate Family Member	<ul style="list-style-type: none"> <li>• Signed &amp; Dated statement from physician (on letterhead)</li> <li>• Medical documents</li> </ul>
Death of Immediate Family Member	<ul style="list-style-type: none"> <li>• Obituary or Death Certificate indicating relationship to student</li> </ul>
Caregiver Obligations	<ul style="list-style-type: none"> <li>• For relationship other than dependent, signed physician statement of relationship and obligation of caregiver</li> <li>• Signed statement or document written on letterhead from third-party indicating relationship and obligation of caregiver (i.e. hospital, school, company, etc)</li> </ul>
Change in Employer Requirements	<ul style="list-style-type: none"> <li>• Signed &amp; Dated statement from employer / supervisor on company letterhead</li> </ul>
College Error	<ul style="list-style-type: none"> <li>• Signed &amp; Dated statement from college official indicating error written on letterhead</li> </ul>

**Will you be attaching a typed personal statement to support your appeal (optional)?**      \_\_\_ Yes      \_\_\_ No

**Potential topics to include:** specify what result you desire from the appeal; your goals & approach for being successful in future semesters; what circumstances led up to the event indicated; etc.

(over)

**Please read the following and initial each statement indicating you understand:**

\_\_\_\_ I understand and certify to the best of my knowledge, that I meet all eligibility requirements listed above.

\_\_\_\_ I understand that the application will not be considered complete until all portions are complete and all documentation (if applicable) is submitted.

\_\_\_\_ I understand that by submitting an appeal it is not a guarantee of approval, but consideration is based on Federal, State, and Institutional policies.

\_\_\_\_ I understand that the committee meets once a month and I will be notified by mail whether the application was approved or denied. If approved, it will then indicate additional steps or terms of the appeal that I must abide by.

\_\_\_\_ I understand that I am not present during the Appeal Committee process; therefore, the documentation and explanation of extenuating circumstances submitted by me is used to make the final Appeal decision.

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**Office use only**

\_\_\_\_ Approved    \_\_\_\_ Denied    \_\_\_\_ Incomplete    \_\_\_\_\_ Date    \_\_\_\_ Initials