HOUGHTON COLLEGE

Financial Policy Appeal Form

Student Financial Services Office
FAX #585-567-9610
EMAIL sfso@houghton.edu

Date of Appeal:_____ Student ID Number:_____

Last Name:_____ **First Name:**_____ **Middle Initial:**_____

Telephone #:_____ **for Student Financial Services Office to contact me if there are any questions.**

Email Address: _____

Reason for Appeal: Please list the policy you are appealing and detail your request

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Student Signature: _____

Request will not be completed without student's signature

This section to be completed by Financial Policy Subcommittee

Comments

Committee Decision: YES: _____ NO: _____

Decision Date: _____

Code	Amount	Term