

The Seattle School

OF THEOLOGY & PSYCHOLOGY

Financial Petition Form

Name _____ ID # _____

Address _____

City _____ State _____ Zip _____ Phone _____

On ___/___/___(date) I became aware of the following situation which was unusual and beyond my control: _____

The above date was during week 1 2 3 4 5 6 7 8 9 10 (circle one) of the term.

This petition is regarding:

Course ID: _____ Course Name: _____

OR _____ All classes enrolled I am enrolled in for:

Fall Spring Summer (circle one) trimester of _____ (enter year).

I turned my drop card into the Business Office on ___/___/___ and received ___% refund.

I am making this petition on week 1 2 3 4 5 6 7 8 9 10 (circle one) of the term.

I am respectfully requesting the following:

Signature _____ Date ___/___/___

*****Financial Appeals Committee Decision*****

Approve _____ Disapprove _____ Date _____ Contacted _____

Amount of Refund _____ Amount Due _____

Comments or Provisions _____
