OFFICE OF STUDENT ACCOUNTS  
PAYMENT PLAN APPEAL FORM

This information is required to complete the processing of your request. Important: Carefully read instructions before completing. Each line must be completed or marked “None” or “N/A” if not applicable. Return this form to arooperations@gsu.edu. You will be contacted within 2-3 business days regarding approval or denial.

Payment Plan Type
- GSU
- Graduate Payroll Deduction

Section 1 Personal Information

<table>
<thead>
<tr>
<th>Student’s Name (last, first, mi)</th>
<th>Panther ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (current)</td>
<td>City</td>
</tr>
<tr>
<td>Student’s Current Home Telephone</td>
<td>E-mail address</td>
</tr>
</tbody>
</table>

Undergraduate  Graduate  Major

Section 2 Appeal Narrative

Please explain why we should reconsider you for the payment plan:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

If this application is denied, your entire account balance must be paid by the payment deadline to prevent your classes from being canceled.

Section 3 Student’s Signature

By signing this form, I certify that the information provided in this appeal is true and accurate to the best of my knowledge.

Signed_________________________ Date: ______________________________

Section 4 For Official Use Only

<table>
<thead>
<tr>
<th>Received by:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td>Denied by:</td>
<td>Reason:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tbody>
</table>