

**OFFICE OF STUDENT ACCOUNTS
PAYMENT PLAN APPEAL FORM**



PO BOX 4029, ATLANTA, GA 30302 | 404-413-2600 (P) | 404-413-2144 (F)

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 aroperations@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

Student's Name (last, first, mi) Panther ID

Street Address (current) City State Zip

Student's Current Home Telephone () E-mail address

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

Received by:	Date:	Time:
Approved by:	Denied by:	Reason:
Comments:		