

OFFICE OF STUDENT ACCOUNTS

PAYMENT PLAN APPEAL FORM

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



Important: Carefully read instructions before completing. Each line must be completed or marked "None" or "N/A" if not applicable. Return this form by logging into PantherAnswer at <https://georgiastateuniversity.force.com/support/s/> to submit a ticket. Please choose Payment plan for student issue and follow instructions to send a ticket email with your payment plan appeal form attached for review. You will be contacted within 2-3 business days regarding approval or denial of your request.

Payment Plan Type

- Georgia State Payment Plan
- Graduate Assistant Payment Plan

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.

Student Signature _____ Date: _____

Section 4 For Official Use Only

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