

LINCOLN UNIVERSITY OF MISSOURI OFFICE OF STUDENT FINANCIAL SERVICES

105 YOUNG HALL 820 CHESTNUT STREET JEFFERSON CITY, MO 65102

PHONE: 573-681-5278

STUDEN	NT ACCOUNT APPEALS FORM
Disclaimer : Due to the volume of appeals, please note it can take up to four weeks for a decision to be endered on appeals. Also, it is at the discretion of the Bursar to approve/deny appeals. If a balance is bwed, you still are responsible for paying the amount owed until a decision is rendered. If the decision is avorable to you, you will be refunded any amounts paid, as applicable. Please note a retroactive withdrawal does not automatically approve you for a student account appeal.	
Date:	Student ID:
Print Name:	Signature:
E-mail address:	Phone Number:
Semester(s) Outstanding Debt O	Owed:
Reason for Appeal (Please attac	h any additional pertinent information):
For Office Use Only	
For Office Use Only: Date Received:	Date Reviewed: