First Name _____



Business Office Tuition/Fees Petition

The types of situations that will warrant the consideration of a petition are hospitalization, a death in the family, chronic illness, other crisis situations, or unusual circumstances.

The completion of this petition form requires:

Last Name____

- 1. Submitting a written explanation of why approval of the petition should be granted (drop dates, withdrawal information, etc.)
- 2. Attaching supporting documents that verify your situation is recommended.

Student ID	Program	Phone ()
Address		
This petition is for the FA academic year.	LL/SPRING/SUMMER (circl	le one) semester during the
Have you petitioned before If yes, explain when and v		
Please attach a stat	ement describing the circum	stances warranting your petition.
	that the attached information in the result in denial of this petition	is true and accurate. I understand that any form.
Signature		Date

IN CASE OF PETITION DENIAL, YOU ARE RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS TO SAINT LUKE'S COLLEGE OF HEALTH SCIENCES.

Note: Failure of the student to familiarize himself/herself with published information regarding deadlines and official College policies is not a valid reason for the submission of a petition.

Business Office Phone: 816-936-8740 Fax: 816-936-8760

studentaccounts@saintlukescollege.edu