

LINCOLN UNIVERSITY OF MISSOURI OFFICE OF STUDENT ACCOUNTS

105 YOUNG HALL 820 CHESTNUT STREET JEFFERSON CITY, MO 65102

PHONE: 573-681-5278

STUDENT ACCOUNT APPEALS FORM

Disclaimer: Due to the volume of appeals, please note it can take up to four weeks for a decision to be rendered on appeals. Also, it is at the discretion of the Bursar to approve/deny appeals. If a balance is owed, you still are responsible for paying the amount owed until a decision is rendered. If the decision is favorable 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.

favorable to you, you will be refunded an withdrawal <u>does not</u> automatically appro	y amounts paid, as applicable. Please note a retroactive ove you for a student account appeal.
Date:	Student ID:
Print Name:	Signature:
E-mail address:	Phone Number:
Semester(s) Outstanding Debt Ov	ved:
Reason for Appeal (Please attach	any additional pertinent information):
For Office Use Only:	
Date Received:	Date Reviewed:
Request Approved: Comment:	Request Denied: