

Student Payment Plan Appeal Form

Students who cannot afford the regular payment plan offered by the Cashier's office may appeal to the Vice President of Student Services using this form. Please note submission of the form does not guarantee approval. A response will be provided in 5-7 business days.

Please submit the form to mlang@ohlone.edu.

Date: _____

Name: _____ Student ID: _____

Address: _____

Have you applied for Financial Aid? Yes No

Are you currently enrolled in classes? Yes No How many units? _____

Balance owed: _____ Have you defaulted on a previous payment plan? Yes No

PAYMENT PLAN OFFERED BY BUSINESS SERVICES

Monthly payment amount: _____ Number of Months to pay in full: _____

STUDENT'S PROPOSED PLAN

Monthly payment amount: _____ Number of Months to pay in full: _____

Date of First Payment: _____

In the space below, please explain why you cannot pay the full cost at this time.

Student Signature: _____ **Date:** _____

For Office Use Only

Received: _____

Approved by the VPSS Yes No Signed _____ Date _____

Forwarded to the Cashier's Office. Date: _____ Forwarded to Financial Aid, Date: _____