



APPEAL FORM

Admin/Late Fee Late Registration Fee Late Drop/Add Fee

If you believe there were extenuating circumstances beyond your control that prevented you from making payment (or registering) on time, please complete this form and mail it to SUNY Cortland, Student Accounts, P. O. Box 2000, Cortland, NY 13045.

Student's Name: _____ Cortland ID: **COO** _____

Address: _____ Semester: _____

Briefly state circumstances (if needed, please use the back or attach a separate sheet):

Student Signature _____ Date _____

DO NOT WRITE BELOW THE DOTTED LINE – OFFICE USE ONLY

Decision: (circle one)

Approved

Denied

Note to student: _____

Signature _____ Date _____

**Completed written appeals will be accepted at the Student Accounts Office ONLY.
A copy of this form with a decision, as well as any refund if applicable, will be sent to your
permanent address. Please allow 7 business days for processing.**