



Appeal of Residence and Tuition Status Form

Name: _____

Banner ID: _____

Email Address: _____

Please explain why you disagree with your current residency status and provide any additional evidence NOT previously submitted, for the appeal committee's review (attach additional pages if needed).

Signature: _____

Date: _____

Submit this completed form to:
Chair, FSU State Residence Committee
c/o Office of Enrollment Management - 312 Lily
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301-4298

The form must be postmarked no later than ten (10) days from the receipt of your Resident and Tuition Status decision letter. The committee will reply to your FSU email address no later than thirty (30) days from receipt of all documentation.

For committee use only:

Date reviewed by Committee: _____ Committee Decision: _____ Approve _____ Disapprove _____

_____ Chair Initials