Appalachian State University
Schedule Protection Request

This completed form and any supporting documentation must be submitted to the Appalachian State University Student Accounts Office by one of the following means:

- Fax: 828-262-2936
- In person to the Student Accounts cashier window, 2nd floor, John Thomas Hall (8am–4pm)
- Email: studentaccounts@appstate.edu

Please submit your request as soon as possible for review but no later than three (3) business days prior to the schedule cancellation date.

You must demonstrate that you have secured a sufficient payment resource(s) and the expected date that payment will be disbursed to your student account. The only qualifying resources include the following:

- Outside scholarship(s)
- 529 college fund
- Outside private loan
- Trust fund

Please note that this is NOT to include FAFSA related financial aid.

(Please print clearly)

Last Name ______________________________ First _________________________ MI ____
Student ID # __________________________ Phone #(s) ____________________________________________
ASU Email Address __________________________@appstate.edu
Address ____________________________________________________________ (Street or Box, City, State, Zip)

Semester/year for which you are requesting the schedule protection:

Year ___________ ☐ Fall ☐ Spring ☐ Summer 1 ☐ Summer 2

Describe the circumstances that support your request and attach the appropriate supporting documentation as described above.

Description:

(Continue on back if necessary)

(This section to be completed by ASU Student Accounts Department only.)

☐ Approved ☐ Denied

Date ___________ Authorizing Name: __________________________ Signature _________________________

Notes: _______________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

M:student_accts/notes/forms/Schedule Protection Request Form