

## 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, 2<sup>nd</sup> 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Outside scholarship(s) | <input type="checkbox"/> Outside private loan |
| <input type="checkbox"/> 529 college fund       | <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_