



FINANCIAL REVIEW FORM

Student Name: _____ Student ID: _____

Program: _____ Student Email: _____

Current Mailing Address: _____

Phone No.: _____

REASON(S) FOR REQUEST:

- Student illness/hospitalization Death in the family
 Resignation from program University of Belize billing error
 Other _____

Further details for request:

Supporting documentation attached: yes

Petitions submitted without supporting documentation will not be reviewed and automatically denied.

Student's Signature:

Date

Accountant Receivables Recommendation:

Recommended amount to be waived \$ _____

Declined

COMMENTS: _____

Signature

Date

Appeal Committee Review:

Approved / amount to be waived \$ _____

Declined

COMMENTS: _____

Director of Finance

Date