



Student Accounting Office
 1520 St. Olaf Avenue
 Northfield, MN 55057
 Fax: 507-786-3210
 Phone: 507-786-3296
tuition@stolaf.edu

PETITION TO WITHDRAW FINANCE CHARGE(S)

Date: _____

Student Name: _____

Student ID Number: _____ **Email:** _____



I am petitioning to have the finance charge from the month of _____ in the amount of \$ _____ withdrawn from my student tuition bill for the following reason(s):

I understand that, as outlined in the Student Handbook, St. Olaf College expects that I arrange for my tuition bill to be paid in full by August 15, 2008 for the Fall Semester and by January 16, 2009 for the Spring Semester. This includes:

1. accepting/declining all portions of my financial aid award and completing all necessary steps to ensure the disbursement of my financial aid (includes the FAFSA, loan applications, promissory notes, etc.); and/ or
2. having paid in full or having a payment plan in place with TMS.

Otherwise, the College reserves the option of assessing a monthly 1% finance charge to any unpaid balance. Additionally, I understand that I am responsible for keeping my billing address up to date at www.stolaf.edu/sis.

Student's Signature: _____

We will notify you of our decision via email within two (2) weeks of receipt of this petition.

FOR STUDENT ACCOUNTING OFFICE USE	
Approved	Denied
Date student was emailed the decision _____ (attach copy of email and place form in student file)	
If approved:	1. Amount of finance charges to be withdrawn \$ _____
	2. Date SJ was completed _____
Initialed by: _____	