

## NON ACCOMMODATION FEE APPEAL FORM

An appeal must be made by making a written request on this form, supported by appropriate signed and dated evidence.

This form should be sent to Income Team (Please mark your envelope "Fee Appeal"), Income Team, Southampton Solent University, East Park Terrace, Southampton, SO14 OYN or emailed to: <a href="mailto:lncome.team@solent.ac.uk">lncome.team@solent.ac.uk</a> with a subject title of 'FEE APPEAL'.

If you wish to expand on your information at any stage, continue on a separate sheet, follow the section numbering of this form, and make sure the extension sheet is signed and dated. It is your responsibility to make sure this form is;

<ul> <li>Properly completed</li> <li>Has the appropriate evidence attached</li> </ul>					
_	thts of appeal in relation to fee paym (tick the box) upon which ground		_		
were not originally complete sections	made available, and therefore were r 1, 2, 3 and 4;	not considered at the	ed by appropriate evidence, which for good reason e time the charges were raised or amended. <b>Please</b> colicies and procedures. <b>Please complete sections</b>		
1, 2 and 4			es charged. Please complete sections 1, 2 and 4		
Section 1. Personal Information					
Name		Preferred email address			
Student Number		Contact number			
Course		Year/level			
Section 2. Informa	tion relating to charge/charges in	query.			
	Description		Value		

before.		
n 4. Use this space to outline your appeal		
11 4. Ose this space to outline your appear		
eceived a member of the Income will acknowledge rec	eipt of your appeal within five days. We will co	ntact you
e findings within 21 days. If the investigation is going		
of the new timescales		
	D	
nt Signature	a t	
	e	
eceived by the Income Team		
Taken/Outcome		