Northeastern Illinois University
5500 North St. Louis Avenue
Chicago, Illinois 60625-4699

STUDENT BILLING COMMITTEE APPEAL FORM

NEIU BURSAR OFFICE

Mailing Address

Student Name: _____ Student ID#_____

**Address: _____ Semester: _____

City: _____ State: _____ Zip: _____ Date : _____

Home Phone#: _____ Cell Phone #: _____ Email:_____

Write your reason for appeal below: Write legibly and be specific about the facts that support your case. You will be notified of the decision by mail. Attach additional documentation to support your case if needed (example: Doctor Statement, Employer verification etc…). This process will take approximately 6 to 8 weeks.

I hereby certify that the above is a true and accurate statement of my appeal.

Signature: _____ Date: _____

**** This is my new address and/or telephone number. Please update my NEIU record. YES** ☐