

Arkansas Tech University Student Account Adjustment Request

Select the appropriate detail code beside the corresponding charge group. Please list a thorough description of the adjustment/charge requested including the original transaction if adjusting. Include the reason for the adjustment and include backup/documentation of the original transaction.

Date

Name T Number

Amount Term

Fine Fee Charge Adjustment

Housing

Baswell <input type="text"/>	Comm 4 <input type="text"/>	Jones <input type="text"/>	Phase II 2 <input type="text"/>	St Suites <input type="text"/>
Brown <input type="text"/>	Critz <input type="text"/>	Nutt <input type="text"/>	Phase II 4 <input type="text"/>	Turner <input type="text"/>
Caraway <input type="text"/>	Eastgate <input type="text"/>	Overflow <input type="text"/>	Roush <input type="text"/>	Tucker <input type="text"/>
Comm 2 <input type="text"/>	Hughes <input type="text"/>	Paine <input type="text"/>	South <input type="text"/>	Wilson <input type="text"/>
			M Street <input type="text"/>	Vista Place <input type="text"/>

Other Charges or Reductions

Library <input type="text"/>	Post Office <input type="text"/>	Registrar <input type="text"/>	Infirmary <input type="text"/>
Pub Safety <input type="text"/>	Meal Plan <input type="text"/>	Other <input type="text"/>	

* Please provide detail code for Tuition Reduction and Other below

Detailed description of reason for adjustment (Attach documentation of original transaction):

Charge Requested by _____

Date _____

Department Head Approval _____

Date _____

Director of Payroll and Special Services _____

Date _____