



ECKERD COLLEGE

BURSAR'S OFFICE

PETITION FOR SPECIAL BILLING CONSIDERATION

Student Name: _____

Eckerd College ID #: _____ Campus Box #: _____

Request: _____

Reason: _____

Student Signature

Date

Office Use

Approved: _____

Denied: _____

Date: _____

Committee Signature: _____

Bursar: _____

Controller: _____

ACF: _____

Comments: _____