

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
ANDREWS UNIVERSITY ID NUMBER \_\_\_\_\_ TELEPHONE/MOBILE \_\_\_\_\_  
STUDENT'S EMAIL ADDRESS \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

**PERSONAL INFORMATION**

**Academic Level**       Undergraduate                       Graduate  
**Residence**               Dormitory                       Community                       University Housing  
**Work Department**      \_\_\_\_\_  
**Sponsoring Organization**      \_\_\_\_\_  
**No. Dependent Children**      \_\_\_\_\_

**REQUEST INFORMATION**

**I would like to receive:**  
 all of my paycheck       none of my paycheck       \_\_\_\_\_ of my paycheck  
**My account is:**  
 cleared                       will be paid through aid and/or personal funds

**OFFICE USE ONLY**

**Decision:**       Approved                       Disapproved  
**Term:**               Summer                       Fall                       Spring  
**Approved % Deduction:**     0       20       40       50       60       75       100       Other \_\_\_\_\_  
Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_  
Petition Decision Entered By \_\_\_\_\_ Date \_\_\_\_\_  
**Comments:**  
 Registration agreement                       Must have -0- balance by end of term  
 Need more information                       Work needed for overall financial plan                       Review \_\_\_\_\_ term

**Mail to:** Andrews University  
4150 Administration Drive  
Berrien Springs, MI 49104-0750  
Attn: Student Financial Services

**Fax to:** 269.471.3228  
**Phone:** 269.471.3334  
**Web:** [www.andrews.edu/SF](http://www.andrews.edu/SF)  
**Email:** [sfs@andrews.edu](mailto:sfs@andrews.edu)