Andrews University
STUDENT FINANCIAL SERVICES

PAYROLL PETITION

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
Email: sfs@andrews.edu