

# Tuition Refund Appeal: Non-medical

Be sure to include or attach all relevant documentation of the extenuating circumstance (see below).

**Please note:** if the reason for your withdrawal is medical in nature or due to the death of an immediate family member, please complete the Medical Withdrawal Appeal form.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Semester appealing for:  Fall  Winterim  Spring  Summer Year \_\_\_\_\_

Financial Aid Recipient:  Yes  No

Attach a letter of explanation, citing your situation and the reasons why you feel tuition should be refunded (be specific). Include reasons you were unable to follow the usual refund/drop procedures, and attach the appropriate documentation needed to support the reason chosen above. **Please be sure documentation provides sufficient justification and addresses the extenuating and unexpected nature of the situation.**

By signing this Appeal, you acknowledge that you are responsible for withdrawing from your classes. Your signature also indicates that you have read all information pertaining to the Appeal procedures and requirements and that you understand that tuition and fees must be paid by respective due dates, regardless of appeals. Falsifying information on this appeal will result in immediate denial and may be grounds for disciplinary action.

Appeals must be received within 30 days from the end of the term in which the courses were offered.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

## Committee Actions

- 100% Tuition Approval Advised
- 50% Tuition Approval Advised
- Approval Advised with Conditions
- Pending Additional Documentation
- Denial Advised

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Chancellor Actions

- Approves Committee Actions
- Denies Committee Actions

Signature \_\_\_\_\_

Date: \_\_\_\_\_