



Office of the Registrar

# Tuition Appeal Form

To be used for Extenuating or unusual circumstances

Date Received: \_\_\_\_\_ Semester and Year of Refund Request: \_\_\_\_\_  
Date stamp and initials of individual receiving

Course(s) Requesting Refund: \_\_\_\_\_

**Student Information:** (It is vital that you provide accurate contact information, as this is where results of the appeal will be sent. If you cannot be contacted, you may miss important deadlines and information which could jeopardize the request process)

Name: \_\_\_\_\_ Student H#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Extenuating or unusual circumstances with examples of appropriate documentation

**\*\*PLEASE NOTE:** Your extenuating or unusual circumstance must have occurred during the timeframe in which you are requesting the appeal. Your appeal will be denied if you do not include documentation\*\*

- Personal or immediate family illness
  - Signed and dated medical documentation must be provided.
  - Signed statement from a doctor on the practice’s letterhead
- Disability
  - Signed and dated documentation by a doctor
  - Signed and dated documentation from disability services
- Immediate family member’s death (parent, sister/brother, child, spouse, or grandparent)
  - Obituary with name of the student listed
  - Funeral program with the name of the student listed
  - Dated death certificate
  - Notarized statement from a family member whose name is listed on obituary or funeral program explaining the nature of your relationship to the deceased
- Tragic accident and/or event
  - Dated accident report
  - Dated police report
  - Dated medical report
- Natural Disaster such as hurricane, flood, earthquake, tornado, etc.
  - Dated FEMA approval documents
  - Dated and signed insurance reports
  - Documentation to show how student was personally affected

