Tuition and Fees Appeal Request

Date Request Submitted

Student Information

First Name

Last Name

Banner ID Number

Email Address

Phone

Address:

City

State

Zip Code

Type of Appeal	**Term Appealed**	**Course(s) Appeal if applicable**
Tuition Refund Appeal		
Fixed Tuition Appeal		

Reason(s) for Appeal:

The University refund policy and schedule is maintained online via the Office of Student Accounts website located at: https://studentaccounts.appstate.edu/withdrawal-university

I understand that when submitting this appeal request, I must turn in all applicable documentation with the appeal that I want to be considered relevant to the appeal as supporting documentation. Appeal documentation will only be considered if supplied with this request. I am aware that if I claim to be advised incorrectly by either a faculty or staff member, I should supply emails or statements from faculty or staff member confirming my assertions. I understand that the Faculty Senate led Tuition Appeals Committee will review and decision all tuition appeals and their decision is considered to be final. All tuition surcharge waiver requests must complete the Tuition Surcharge Waiver Request Form located on the Office of the Registrar's web-page.

I understand that the Tuition Appeals Committee uses the following criteria to evaluate appeal requests: A student who demonstrates that at least one of the following have substantially disrupted or interrupted the student's pursuit of a degree may be considered for a tuition appeal request. I) Military Service, 2) Serious Medical Debilitation, 3) A short-term or long-term disability, or 4) Other Extraordinary hardship. While the aforementioned circumstances qualify the student's appeal request to be reviewed, it does not guarantee the appeal will be approved. Students are expected to review the academic calendar and Appalachian State's policies prior to registration. Not being aware of a posted policy or time-frame does not abdicate the student's responsibility for following the appropriate policy.

Signature   Date