

TUITION REFUND APPEAL

INSTRUCTIONS: Before completing this form, you should meet with an adviser to discuss options, including taking incompletes in your courses. Appeals for tuition refunds will not be approved for reasons of failure to cancel or for non-attendance. If you decide to proceed with the appeal process, you must:

- **Cancel all courses before submitting this form;**
- Complete Sections A through C below;
- Attach the required supporting documentation and personal statement; and
- Submit this information to the Office of the Registrar, 212 Behmler Hall

If you have, or think you have, a disability related to this appeal, consult with the Disability Service Coordinator at 320-589-6163 prior to the completion of this form.

If your appeal is approved, W (for Withdrawal) will remain on your academic record for each course. **Generally, appeals will only be approved for all courses.**

In few circumstances will refunds be granted for a single course. If you are an international student, contact the Center for International Programs before submitting this form.

The decision regarding your appeal will be mailed to you in approximately three weeks. Decisions are not available over the phone or by e-mail. Questions regarding this form or the appeal process can be directed to fulltime staff in the Office of the Registrar.

DEADLINE: Your appeal must be received no later than July 31 of the academic year for which you are submitting the appeal because that is the end of the fiscal year. Accounting practices and compliance with regulations restrict our ability to process tuition refund appeals beyond the end of the fiscal year.

| SECTION A: Student Information | | | | |
|--|---|------------------------|-----------|------------------|
| student name: last | first | middle | telephone | student ID |
| current address | | | city | state zip code |
| term/year of cancellation <input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> May/summer 20____ | | list courses canceled: | | |
| SECTION B: Reason for Appeal. Please check box for reason you are appealing and attach a personal statement regarding your reason for appeal, as well as the required documentation listed in the box below. Required documentation should be dated and on official letterhead. | | | | |
| <input type="checkbox"/> Medical | Letter from attending physician describing medical condition and recommending cancellation of all classes (medical issues are those resulting in long-term hospitalization or mandated bed rest). | | | |
| <input type="checkbox"/> Death in immediate family | Copy of death certificate required. | | | |
| <input type="checkbox"/> Military activation | Copy of military activation orders. | | | |
| <input type="checkbox"/> Academic | For significant, unusual academic situations a letter from a Division Chairperson or Vice Chancellor on University letterhead with details regarding circumstances. | | | |
| SECTION C: Student Certification | | | | |
| <input type="checkbox"/> I am not receiving financial aid for the term/year listed in Section A. (Financial aid includes loans, grants, scholarships and tuition benefits). <input type="checkbox"/> I am receiving financial aid for the term/year listed in Section A. I understand that in most cases retroactively canceling courses will result in being billed for financial aid that has been disbursed based on my original enrollment. NOTE: If your circumstances require you to withdraw/drop from all courses, you are encouraged to contact the Financial Aid Office and your academic adviser so your decision will be based on a clear understanding of the consequences of withdrawing from courses. You are not legally required to provide the requested documentation, but without it we cannot consider your appeal. Any documentation you provide will not be distributed to agencies or researchers outside the University. By signing this form, you are certifying that the information you provided is true. Misrepresentation of facts or documentation in may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code. If you have read and understood the statement above, sign and date the box below. | | | | |
| Student signature | | | | Date |

for office use only

| | | | |
|--|------------------------|---|--|
| results of decision -approved? <input type="checkbox"/> yes <input type="checkbox"/> no | | effective date or percentage of refund (if any) | |
| term/yr | Approved by- signature | Date signed | |