



Fee Adjustment Request

Only within six (6) months of the end of a semester may students apply for consideration of one hundred percent (100%) refund of tuition and fees for that semester when the student has:

- Withdrawn from or dropped a course (This is a separate process and all documentation including any ARC documentation must be attached to this form)
- The Registrar has documented and accepted as approved one of the conditions as defined by the state as justification, as outlined below. *

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Student ID: _____

Applicable Term and Year: _____ Repeat Course Surcharge

*Check the condition(s) that apply to this request (any information submitted by the student may be verified by the university contacting source).

Illness of the student, confirmed by verifiable written documentation from a licensed physician (M.D.), or other certified health professional, of such severity or duration to preclude completion of the course(s).

Death of the student or an immediate family member; i.e., parent, step-parent, grandparent, spouse, child, or sibling as confirmed by a death certificate and an obituary clearly indicating the student's relationship to the deceased.

Involuntary or voluntary call to active military duty as confirmed by military orders.

University error, confirmed by the appropriate university official in writing on official university letterhead. Note: Although the university has a mandatory first day attendance policy and



faculty may drop them from the rolls and registration for the course, it is the student's sole responsibility to ensure they drop to avoid fee liability. A faculty member's failure to exercise the right to drop a student for failure to attend the first day of class is NOT university error and will not be justification for a refund.

Other exceptional circumstances beyond the control of the student that preclude completion of the course(s). Submission of an explanation letter from the student must be accompanied by written OBJECTIVE and verifiable documentation supporting the student's claim of exceptional circumstances beyond his/her control.

CRN	PREFIX	NUMBER	SECTION	HRS.

CRN	PREFIX	NUMBER	SECTION	HRS.

Signature: _____ Date: _____

For Office Use Only	
Approved	Hours Approved: _____
Denied	Reason for denial: _____

Official Signature: _____ Date: _____	