



## Appeal for Exception to Tuition Refund Policy

*Delinquent accounts turned over to the KY Department of Revenue for collections are not appealable.*

**INSTRUCTIONS:** Complete form, attach all appropriate documentation and send to:

*Student Account Services  
Attn: Tuition Appeals Committee  
AC235 Nunn Drive  
Highland Heights, KY 41099*

**Please print and complete this form**

\_\_\_\_\_  
(Name: Last, First, MI) Preferred Pronouns (Student Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Email Address) Phone Number (Daytime)

Semester and Year for which you are appealing \_\_\_\_\_ All Classes \_\_\_\_\_ or Specific Classes (Please List) \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING "YES" or "NO":**

YES NO Did you attend any classes during the term covered by this appeal? If no, request each instructor to confirm this fact in writing and attach to this appeal. Please explain below why you did not attend any classes.

YES NO Are you requesting an exception due to extraordinary circumstances, such as illness or death in the family?

If yes, you **MUST** attach all supporting documentation, including the medical documentation form, as described at <http://studentaccountservices.nku.edu/refunds/appeal.html>

YES NO Are you requesting an exception due to University error? If yes, you **MUST** attach a letter from the department that made the error, and explain below.

**PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT YOUR APPEAL IN THE SPACE BELOW** (You may attach additional pages, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student Signature** **Date**

*The deadline to file an appeal is one year from the beginning of the semester affected. Complete appeals submitted by the 15<sup>th</sup> of each month will be heard at the end of the month. Students will be notified by the Vice Provost of the Committee's decision.*

**Requests by the Appeals Committee for supporting documentation must be fulfilled within 30 calendar days of the initial request or your appeal is subject to automatic denial. All decisions remain final**

**COMMITTEE:** Review Date: \_\_\_\_\_ Decision: Approved Denied