Appeal for Tuition Refund

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

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

(Name: Last, First, MI)             (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 ANSWER THE FOLLOWING QUESTIONS BY CIRCLING “YES” or “NO”:

YES NO  Were you enrolled at another institution during the term covered by this appeal? If yes, attach a certification of enrollment from the Registrar’s Office of the institution you attended.

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):

__________________________________________________________________________________________________________________

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_______________________________________________  __________________________________  
Student Signature             _________________________________________  
Date

The deadline to file an appeal is one year from the beginning of the semester affected. Complete appeals submitted by the 15th 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

Revised 6/21/2018