

Request for Financial Adjustment

Refund Policy Appealed (check one)

Add/Drop Refund Policy

Withdrawal Refund Policy

Medical Withdrawal

Part A – To be completed by Student

Name

Student ID #

Student Signature

Part B - To be completed by University Administrator

TERM:

FALL

SPRING

SUMMER

YEAR:

All Courses

Class Numbers:

Credit Hours:

Course Designator(s):

Effective Date:

Recommendation:

Printed Name & Title

Signature of Administrator/Designee

Date

Part C - Financial Aid Review

Appeal Has No Effect on Financial Aid

Financial Aid Will Be Affected see attached:

Financial Aid Office Contact Signature

Date

Part D - To be completed by University Administrator

Appeal is:

Approved

Not Approved (see Remarks)

Bursar or Designee

Date

Remarks: