Carnegie Mellon University
University Registrar's Office

University Registrar's Office
uro-appeals@andrew.cmu.edu
www.cmu.edu/hub

Tuition & Fee Appeal

This document should be used by students, departments and/or deans to request a review of tuition and/or fee charges (not student account interest) for the semester(s) indicated. To submit a tuition appeal, please complete this form, sign (handwritten) and email it to uro-appeals@andrew.cmu.edu. This form is for tuition and fee appeals only, not financial aid or student health insurance appeals. Questions about student health insurance should be directed to shinsure@andrew.cmu.edu. **In the event that a tuition and fee appeal is approved, please be aware that the amount of financial aid awards the student has received may decrease for the semester being requested**.

Tuition appeals that are submitted more than two years after a student graduates or separates from the university will not be reviewed and will automatically be denied.

STUDENT INFORMATION

Student Andrew ID: _____   Student Name: _____
Last/Family, First/Preferred, MI

Semester of Appeal (check one):   Fall   Spring   Summer One/All   Summer Two   Year: _____

Reason for Appeal (if you require additional space, please attach a separate page):

[ ]

Course(s) Dropped & Adjustment Requested

Course Number(s): _____   Section(s): _____   Units: _____

Date Dropped: _____   Est. Tuition to be Refunded (dollar or percentage): $ _____   or _____ %
mm/dd/yyyy

Signature: _____   Date: _____
Student (Handwritten Signature Required)   *mm/dd/yyyy*

Signature*: _____   Date: _____
*Department Representative or Dean sign & print (**only required if being submitted on the student's behalf**)*   *mm/dd/yyyy*

UNIVERSITY REGISTRAR'S OFFICE USE ONLY

	Approved	Denied
Tuition Appeal		
Fee Appeal		

Comments [ ]

Number of Units Originally Carried	Original Tuition Charge	Number of Units Dropped	Tuition Adjusted by %

Adjusted Tuition Amt: _____   Adjusted Fees: _____

Signature: _____   Date: _____
University Registrar/Assistant Registrar

STUDENT ACCOUNTS OFFICE USE ONLY

Signature: _____   Date: _____   Tuition Adj. Complete   Fee(s) Adj. Complete
SAO Assistant Director/Student Account Analyst

STUDENT FINANCIAL SERVICES USE ONLY

Signature: _____   Enrollment Status: _____   Aid Adj. Complete
SFAO Assistant Director