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 on this form. To submit a tuition appeal, please complete this form, sign and email it to uro-appeals@andrew.cmu.edu or fax it to 412-268-6651.

STUDENT INFORMATION

Student Andrew ID: ________________________ or Personal Email Address: ________________________

Student Name (please print): ____________________________________________________________

Last/Family First and/or Preferred MI

Semester of Appeal (circle one): Fall Spring Summer 1/All Summer 2 Year: ______________

Reason for Appeal: ________________________________________________________________

If you require additional space, please attach a separate page.

Adjustment Requested

Tuition Amount Refunded (dollar or percentage): $ __________ or ______ % Date Dropped: __________

Course Dropped Adjustment: Course Number __________ Section __________ Units __________

Signature*: ___________________________ Date: __________

Student

Signature*: ___________________________ Date: __________

Department Representative or Dean - Sign & Print (Only required if form is being submitted on behalf of the student)

UNIVERSITY REGISTRAR’S OFFICE USE ONLY

Tuition Adjustment Review

☐ Denied Appeal/Tuition/Fee Adjustment Denied

☐ Tuition Appeal Approved: Tuition Adjustment to Dollar Amount or Adj. % ________________

☐ Fee Appeal Approved: Fee Adjustment: ____________________________________________

Signature: ___________________________ Date: __________

University Registrar/Assistant Registrar

STUDENT ACCOUNTS OFFICE USE ONLY

Tuition Adjustment

☐ Tuition Adjustment Complete

Signature: ___________________________ Date: __________

SAO Accounting Assistant

Fee(s) Adjustment

☐ Fee(s) Adjustment Complete

Signature: ___________________________ Date: __________

Senior Staff Accountant

STUDENT FINANCIAL AID OFFICE USE ONLY

Aid Adjustment

☐ Aid Adjustment Complete Semester: ________________ Aid Adjustment Amount: ________________

Signature: ___________________________ Date: __________

SFAO Associate Director