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 return it to the above address.

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