

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 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.**

STUDENT INFORMATION

Student Andrew ID: _____ Student Name: _____

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 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	Comments	
Tuition Appeal				
Fee Appeal				

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

School/College: _____ SAO Liaison: _____

Tuition Adj. Complete

Fee(s) Adj. Complete

Signature: _____ Date: _____ Signature: _____ Date: _____
SAO Assistant Director/Student Account Analyst SAO Assistant Director/Student Account Analyst

STUDENT FINANCIAL SERVICES USE ONLY

Semester: _____ Enrollment Status: _____ Aid Adj. Complete Adj. Amount: _____

Signature: _____ Date: _____
SFAO Assistant Director