

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 on this form. 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 appeals. **In the event that a tuition and fee appeal is approved, please be aware that this may decrease the amount of financial aid awards the student has received for the semester being requested.**

STUDENT INFORMATION

Student Andrew ID: _____

Student Name (print/type): _____
Last/Family, First and/or Preferred, MI

Semester of Appeal (check 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 by them on a student's behalf)

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

Units Carried: _____

Tuition Assessed: _____

STUDENT ACCOUNTS OFFICE USE ONLY

Tuition Adjustment

Tuition Adjustment Complete

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

College _____

SAO Liaison _____

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