

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: _____
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 *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		

Tuition Adjustment Review

of units originally carried: _____ x _____ = _____

of units dropped: _____ x _____ = _____

Signature: _____
University Registrar/Assistant Registrar

Tuition Charge for Semester

Tuition Adj. to \$ Amt. or Adj. %: _____

Fee Adjustment: _____

Date: _____

STUDENT ACCOUNTS OFFICE USE ONLY

School/College: _____

SAO Liaison: _____

Tuition Adj. Complete

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

Fee(s) Adj. Complete

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

STUDENT FINANCIAL AID OFFICE USE ONLY

Semester: _____

Enrollment Status: _____

Aid Adj. Complete Adj. Amount: _____

Signature: _____ Date: _____
SFAO Assistant Director