

UNIVERSITY OF MINNESOTA DULUTH

Tuition Refund Appeal

Directions: Your appeal must be received no later than August 31 of the academic year for which you are submitting the appeal. Accounting practices and compliance with regulations restrict our ability to process tuition refund appeals beyond the end of the fiscal year. Tuition refund appeals are granted only in cases of rare and extreme circumstances and are not granted for failure to cancel or nonattendance. Before completing this form, you should meet with an adviser to discuss options, including taking incompletes in your courses instead of seeking a refund. If you decide to proceed with the appeal process, you must:

- Cancel courses before submitting this form (prior to the 8th week of the current term).
- Complete parts A, B, and C below.
- Attach a personal statement that fully describes the circumstances that led to your withdrawal.
- Attach the required supporting documentation.
- Submit this information to the Student Assistance Center (see to the right).

If you have, or think you have, a disability related to this Tuition Refund Appeal, consult with the Disability Resources office at (218) 726-8217, access@d.umn.edu, before you complete this form. If your appeal is approved, a *W* (for Withdrawal) will remain on your academic record for each course. If you are an international student, contact the International Student Services office, before submitting this form. **The decision on your appeal will be mailed to you in two to three weeks. Decisions are not available over the phone or by E-mail.**

Return this form on campus to:
 Student Assistance Center
 23 Solon Campus Center

or mail it to:
 Office of Financial Aid and Registrar
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011

E-mail: umdhel@d.umn.edu
Phone: 218-726-8000

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

PART A—Student information			
Student last name	First	Middle	
Current street address	City	State	Zip Code
Student ID number	U of M E-mail @d.umn.edu	Phone (include area code)	
Term/year of cancellation <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> May/Summer 20____	College (e.g., CLA, SCSE)	List course(s) canceled	
PART B—Reason for appeal			
Please check the box to indicate why you are appealing. Attach a personal statement regarding your reason for appeal, as well as the required documentation listed. Any documentation you provide is protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA).			
Reason for appeal	Documentation required		
<input type="checkbox"/> Medical	Your physician or mental health professional must complete the medical supplement form (http://www.d.umn.edu/fareg/forms/medsupplement_2009.pdf)		
<input type="checkbox"/> Death in immediate family	Copy of death certificate required.		
<input type="checkbox"/> Military activation	Copy of military activation orders.		
<input type="checkbox"/> Other	Attach a personal statement regarding your reason for appeal, as well as the required documentation listed.		
PART C—Student certification			
<input type="checkbox"/> I am not receiving financial aid for the term/year listed in PART A. (Financial aid includes loans, grants, scholarships, tuition benefits, and fellowships.)			
<input type="checkbox"/> I am receiving financial aid for the term/year listed in PART A. NOTE: If your circumstances require you to withdraw/cancel from all courses, you are urged to contact a Student Assistance Center counselor and your academic adviser so your decision will be based on a clear understanding of the consequences of withdrawing from courses.			
I understand that by retroactively canceling courses I may be billed for financial aid that was disbursed to me based on my original enrollment. Please note that any approval resulting in a reduction or removal of the Student Services Fee or the University-sponsored Student Health Benefit Plan will make you liable for all UMD Health Services charges and any outside health plan claims. By signing this form, you are certifying that the information you provided is true. Misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code.			
If you have read and understood the statement above, sign and date below.			
Student signature			Date
office use only			
approved? <input type="checkbox"/> yes <input type="checkbox"/> No	results of decision		
term/year	by		date