**Refund Committee Action:**

**REFUND APPEAL**

 **Dean of Students Office**

**\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Refund Appeal Form**

**Appeal for: Refund for tuition & fees or W grade removal**

Students who have extenuating circumstances related to their withdrawal are eligible to appeal for a partial tuition refund **no later than 30 calendar days** into the following semester (includes summer semester). Students unable to meet the 30 calendar day deadline due to extenuating circumstances should contact dso@nmu.edu.

**Personal Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMU I.N.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMU E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dean of Students staff member who assisted you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appeal Request**

***(Note: Any potential refund granted may or may not result in money returned directly to the student, depending on financial aid sources.)***

Please mark which action you would like taken and provide the corresponding information:

\_\_\_\_\_\_\_\_\_ Refund for **all** courses Date withdrew: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Semester for which you want refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the percentage of refund you are requesting: 100% 90% 50% 25%

***(Note: You are eligible to select one percentage category above the category you received at the time you withdrew.)***

 \_\_\_\_\_\_\_\_\_Refund for **individual** course(s) Date dropped course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pending: \_\_\_\_\_\_\_\_\_\_\_\_

 Semester you were enrolled in course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List courses(s) for which you want refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_W grade(s) removed from transcript for course(s)

 Date withdrew/dropped course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pending: \_\_\_\_\_\_\_\_\_\_\_

 Semester you were enrolled in course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List course(s) for which you want W grade removed:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation and Student Statement**

Please provide a statement below (or attach a statement) which summarizes your circumstance for the Refund Appeal Committee to consider when reviewing your request. Please provide any documentation that verifies or supports your request for a refund or a removal of a W grade from your transcript (e.g. medical records verifying medical treatment/hospitalization, e-mail correspondence with a professor, verification of death/family emergency).

Statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

Submit documentation and this completed form to the Dean of Students Office:

1. Fax: (906) 227-1714
2. E-mail: dso@nmu.edu
3. Mail: Northern Michigan University

c/o Dean of Students Office

1401 Presque Isle Avenue

Marquette MI 49855

1. In person: The Dean of Students Office is located in 2001 Hedgcock Building.