

FEE POLICY APPEAL FORM

Students have the right to submit an appeal of the fee refund policy if there are significant or unusual circumstances that cause them to drop courses or withdraw from all courses after the refund period has ended.

Appeal must be received *within one year* after the end of the term for which a refund is being requested.

Verbal appeals are not accepted.

If your fee appeal is based on one of the following circumstances, you must provide the information requested below. Your appeal will not be considered without the required documentation. Please provide as much detail as possible for use in making a determination by the Fee Policy Appeals Committee.

MEDICAL — Supporting statement from your doctor(s), including diagnosis, dates of illness/injury, and date the doctor advised you to drop classes or withdraw.

UNIVERSITY ERROR — Supporting statement from your school, department, advisor, or professor.

To prevent a hold from being placed on your bursar account, fees must be paid and will be refunded or credited toward balance owed if the appeal is approved.

The fee appeal form must be received one week prior to the next appeal committee meeting, which is typically held on the first Wednesday of each month. However, meeting dates are subject to change without notice. If form is received after the deadline, the fee appeal will be reviewed at the following meeting.

STUDENT INFORMATION (please print or type)

Name (last, first, middle initial)			
University ID #	E-mail address	Phone #	
Current Address (street, apartment #, or PO Box, city, state, zip code)			
Term for which fee appeal is being submitted (appeal must be received within one year after the end of the term for which a refund is being requested)			
<input type="checkbox"/> Complete Withdrawal		<input type="checkbox"/> Dropped Courses (list course numbers)	
Date of Withdrawal or Date Courses Dropped			
<input type="checkbox"/> Request for refund of late registration fee.			

REASON FOR FEE APPEAL (please print or type)

I hereby request consideration by the Fee Policy Appeals Committee for a partial/full refund of fees paid to Indiana University for the following reasons. (You may continue on the reverse side of this form, if necessary.)

Signature	Date
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Returned completed form to: Indiana University — Office of the Bursar
Franklin Hall 023
601 East Kirkwood Avenue
Bloomington, IN 47405-1223
ATTN: Fee Policy Appeals Committee

FAX #: (812) 855-7535
ATTN: Fee Policy Appeals Committee