



TUITION/FEE APPEAL FORM

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ BGSU ID# \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

What semester does this fee pertain to: (circle one) Summer Fall Spring Year: \_\_\_\_\_

What course(s) does this fee pertain to: (please list) \_\_\_\_\_

What type of fee are you appealing:

Submit to Registration & Records (see address below)

- Late Registration Fee
Excess Credit Fee over 18 hours
Percent of refund on dropped course (Academic/Web registration/enrollment issues)
Percent of refund on official withdrawal (Academic/Web registration/enrollment issues)

Submit to Bursar's Office (see address below)

- Late Payment Fee
Monthly Service Charge
Percent of refund on dropped course (Medical/family issue)
Percent of refund on official withdrawal (Medical/family issue)

Briefly state the reason why you feel refund consideration should be given to you for the fee you have been assessed:

Multiple blank lines for providing the reason for the appeal.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO PROVIDE PERTINENT SUPPORTING DOCUMENTATION FOR YOUR CASE. PLEASE INCLUDE THE INFORMATION WITH YOUR APPEAL FORM.

Every effort will be made to inform you of a decision on your appeal within 30 days. You may be notified of the outcome by email or USPS mail at the address(es) you provided on the top of this form.

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Decision on Appeal: [ ] Fee Waived [ ] Fee Not Waived

Explanation: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature/Title of BGSU official: \_\_\_\_\_ Date: \_\_\_\_\_