



Tuition Refund Appeal

(PLEASE PRINT)

Name _____ SCSU ID/Social Security # _____

Local Address _____ Phone # _____
(Street) (City) (State) (Zip)

Email _____ May we notify you via email? Yes No

Academic Term Appealed _____ Were you awarded financial aid for the term appealed? Yes No

PLEASE NOTE: Financial Aid programs limit the allowable time to return Federal and State funds. Refund appeals **must be submitted within 45 days of the end of the term for which a refund appeal is submitted. Summer term appeals must be no later than September 25 of the next academic year.** Most students receiving Financial Aid will have all or a portion of any approved refund credited to their aid funding sources and may incur repayment obligations if any aid overage monies were received.

NOTE: AN ACADEMIC APPEAL MUST BE GRANTED PRIOR TO SUBMITTING A TUITION REFUND APPEAL FORM.

Why did you miss the free drop or withdrawal deadline?

Please list every course for which you are requesting a refund AND the last day you attended each class:

(Note: If you are receiving financial aid, a tuition refund could reduce your grant, scholarship or loan. Please contact the Financial Aid Office if you have questions.)

Did you talk to the instructor(s) about receiving an "Incomplete" so that you could finish the course(s)? Yes No

If not, explain why: _____

I believe my appeal should be granted because (Attach statement from advisor, instructor, physician, counselor, or employer if work related. The committee requires written documentation in support of your appeal. Also, attach an approved academic appeal for the term please.):

Who is your Advisor? _____

Date: _____ Signature: _____

Office Use Only		
Committee Recommendation:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Tabled <input type="checkbox"/>

Date _____	Signature of Committee Chairperson: _____	

*Submit completed form with required documentation to SCSU Business Services, AS 123, 720 4th Ave S, St. Cloud, MN 56301.