INDIANA UNIVERSITY SOUTH BEND  
FEE REFUND APPEAL FORM  
[Print Form and Return]  

IMPORTANT INFORMATION – PLEASE READ CAREFULLY  

Students may appeal the refund policy ONLY IF there are significant or unusual circumstances that cause their INVOLUNTARY drop of a class or withdrawal from all classes. Appeals must be submitted within one year following the end of the term/session for which relief is being sought. Your appeal will be denied if: (1) the class(es) is/are not dropped; (2) supporting documentation is not attached to the appeal; (3) the appeal form is not completely filled out. You will receive an email or written response within 4-6 weeks.  

PLEASE PRINT OR TYPE  

Last Name_________________________________  First Name_________________________________  
University ID Number_________________________  Daytime Phone_________________________________  
Current Address________________________________________________________________________  
City_________________________________________  State_________________  Zip_________________  
Term_________  Check one: complete withdrawal_________ or drop_________  
Class Number(s)________________________________________________________________________  
Last Date of Attendance_______________________  E-Mail Address______________________________  

Please identify the percent (%) of refund for which you are applying:  

100%  75%  50%  25%  

Please explain why you are requesting a refund.  

____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  

Use the back of this form if you need more room.  

Student Signature_________________________________  Date______________  

Return form to: Bursar’s Office   Fee Refund Appeal Committee   PO Box 7111  South Bend, IN 46634-7111  

Office Use Only  

Date Received________________________  By_________________________________  Fin Aid: Yes/No  

Review Date________________________  By_________________________________  

Approve/Disapprove_________________________________  

Student Notification Date_______________________  Sent By_________________________________