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 response within 4-6 weeks.

PLEASE PRINT OR TYPE

Last Name_________________________________  First Name_____________________

University ID Number (required)___________________  Daytime Phone_____________________

E-Mail Address (required)___________________________

Check one: complete withdrawal____ or drop_____  Term (required)___________________________

Class Number(s) (required)_____________________________________________________________

Last Date of Attendance (required)_____________________

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

Date Received____________________  By_________________________________  Fin Aid: Yes/No

Review Date_________________________  By_________________________________  

Approve/Disapprove____________________________

Student Notification Date_________________________  Sent By_________________________________