

**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 _____