



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 writing 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.

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

Explanation: _____

Signature/Title of BGSU official: _____ Date: _____