



Tuition Appeal

Requests for a refund of all or a portion of tuition charges due to extremely extenuating and unexpected circumstances may be submitted in writing to the Tuition Appeals Committee through the Student Financial Services Office on the Tuition Appeals form. Supporting documentation and justification must accompany the form. This process is a separate process from an academic appeal.

The Tuition Appeals Committee is comprised of representatives from the following offices: Student Financial Services, Academic Affairs, Financial Aid Office, Office of the Registrar, University College and Dean of Students Office. At their discretion, members of the Committee may ask appropriate persons to present information to the Committee regarding an appeal.

The Tuition Appeals Committee will consider requests for adjustments to tuition, differential tuition, segregated fees and distance education fees only when a student withdraws. Appeals will not be considered if a student is still enrolled in the course(s) in which he/she is requesting an appeal. Housing fees, meal plan fees, special course fees, and interest are department fees; the appropriate department makes decisions regarding the adjustment of these fees.

Tuition and fees must be paid by respective due dates, regardless of appeals. If an appeal is granted, a waiver of the fees will be posted to the student account.

Appeals will be considered only for reasons relating to those listed on the Tuition Appeal form.

In all cases, the situation or circumstance must have interrupted the student's ability to:

- Adhere to the standard drop procedure deadlines.
- Attend class(es) for a substantial length of time, and
- Complete the semester.

Appeals will not be approved for reasons including, but not limited to:

- Dismissal for academic or disciplinary reasons
- Dissatisfaction with a course's meeting of time, location, or instructor's mode of instruction
- Lack of awareness of payment due dates and/or refund schedules for drops/withdrawals
- Misinterpretation or lack of knowledge of the University's policies and procedures
- Minimal attendance, or poor performance in class (es)
- Computer difficulties
- Voluntary changes in employment, commitments, goals, or other activities impacting ability to attend.
- Financial hardship
- Issues between student and instructor
- Non-attendance after first 8 days

A student's right to file an appeal ends at one year after the end of the term in question, or when a student's billing account has been sent to a collection agency, whichever is first.

Return completed appeal form and documentation to:

Student Financial Services
003 Student Service Center
1108 Fremont Street
Stevens Point WI 54481
Fax: (715) 346-2963
email as attachment: Student.Financial.Services@uwsp.edu

Tuition Appeal Form

Date received by Student Financial Services _____

The following items must be submitted for a tuition appeal to be reviewed by the Committee:

1. **Tuition Appeal Form** – Complete, sign and date below.
2. **Personal Statement** - Attach a written personal statement that explains, in detail, the circumstances of the situation and how the circumstances caused the need for you to withdraw from class(es). Your statement should provide enough information to help the Committee understand why you could not adhere to the published tuition refund schedule deadlines. Please include the following information in your personal statement:
 - a. Dates of pertinent activity - create a timeline of events that led to the withdrawal
 - b. Attendance information - did you ever attend and if yes, when did you stop attending
 - c. Timing of communication(s) you may have had with Professors or other offices on campus
 - d. Details as to what affected the timing of your withdrawal
 - e. Reasons why you could not successfully complete the class
3. **Third Party Documentation** - Provide supporting documentation for the request. See page 3 for documentation requirements.
 - a. If applicable, obtain information from course instructor(s).
 - b. Medical appeals require additional documentation from a licensed health care provider. See page 4.

Name _____ UWSP ID# _____

Email _____ Phone _____

Current Mailing Address _____

Semester of Appeal: Fall Winterim Spring Summer Year _____

Date of Withdrawal: _____

Financial Aid Recipient*: Yes No

* Read the Impact of Withdrawals upon Financial Aid (<http://www.uwsp.edu/finaid/Pages/withdrawals.aspx>).

Veteran or Dependent Educational Benefits Recipient* Yes No

*Be sure to meet with the Veterans Coordinator to understand how this may impact your benefits.

You are responsible for withdrawing from your classes. Your signature indicates that you have read all information pertaining to the appeal procedures and requirements and that you understand that tuition and fees must be paid by respective due dates, regardless of appeals. Falsifying information on this appeal will result in immediate denial and may be grounds for disciplinary action.

Student Signature: _____ **Date:** _____

Return completed appeal form and documentation to:

Student Financial Services, 003 Student Service Center, 1108 Fremont Street, Stevens Point WI 54481
email as attachment: Student.Financial.Services@uwsp.edu

Third Party Documentation Requirements

Required Documentation (letters need to be signed, dated and printed on letterhead of organization, medical facility doctor/therapist, or other in which professional is associated):	
Circumstance for appeal	Examples of supporting documentation
Medical Condition <ul style="list-style-type: none"> • Serious illness or change in health status • Surgery/hospitalization • Mental health issue • Dental emergency 	<ul style="list-style-type: none"> • Letter from doctor advising of condition AND impact on ability to successfully continue in coursework • Record of doctor appointments • Letter stating doctor advised reduced course load or withdrawal
Student's Child <ul style="list-style-type: none"> • Child's medical condition 	<ul style="list-style-type: none"> • Records from daycare/school that child was required to be kept home (include in appeal the reasons for which alternative daycare was not available and what the specific plan would be if this occurred in the future.) • Records from doctor appointments • Letter from doctor advising period of recovery
Other Unforeseen Circumstances <ul style="list-style-type: none"> • Death of loved one • Assault/domestic violence 	<ul style="list-style-type: none"> • Obituary, death certificate (link of relationship to deceased) • Funeral Program • Letter from counselor • Police report • Court documentation • Letter from clergy, social worker, counselor and/or doctor
Institutional Error	<ul style="list-style-type: none"> • Documentation supporting claim, i.e., email communications



ATTENTION: _____
Name of health care provider

I have submitted a request to the UWSP Tuition Appeal Committee for

- A late drop from the following course (s) _____
- A late withdrawal from the following semester _____

I have indicated that a significant medical or mental health condition has affected my ability to continue with my coursework.

- I am following you for the treatment of _____
- I am the caregiver of a patient you treat _____

Please complete the following information to assist the committee in determining appropriateness of this request.

Return the report to: University of Wisconsin Stevens Point OR EMAIL: student.financial.services@uwsp.edu
 Attn. Tuition Appeals Committee
 1108 Fremont Street, SSC Rm 003
 Stevens Point, WI 54481

Print Name Birthdate Signature Date Signed

FOR MEDICAL PROVIDER, PLEASE COMPLETE:

Approximate date condition commenced:

Please check the activities that are moderately or substantially impacted by the medical or mental health condition. Provide additional details describing how the situation affects the student in an academic setting, or how the patient's limitation influences the student as a caregiver.

Activity	Moderate	Substantial	Explain
Keeping Appointments			
Stress Management			
Managing Internal Distractions			
Learning:			
- Reading			
- Writing/Spelling			
- Calculating			
- Listening			
- Thinking			
- Concentrating			
- Memorizing			
Mobility			
Other:			
Other:			

Print Provider Name/Title License or Certification # Signature Date Signed

Address Phone Fax Email