



### APPLICATION FOR APPEAL OF TUITION REFUND\*

*Students should appeal for a tuition refund <u>ONLY</u> if unusual circumstances are involved.							
Date: _____ Student G#: _____							
Name: _____							
Address: _____							
City, State, ZIP: _____ Phone: _____							
Semester and Year for which you are requesting a refund:							
Total credit hours for which you are requesting a refund:							
Total amount of refund requested:	\$ _____						
Name and number of course(s):	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>						
Did you receive any financial aid administered by GVSU during the semester in question? _____							
Reason for requesting refund (if necessary, attach additional sheet of paper):							
_____							
_____							
_____							

**Please attach supporting evidence such as a statement from doctor, instructor, dean, etc.:**

Return ALL copies to: Student Assistance Center  
150 Student Services  
Grand Valley State University  
Allendale, MI 49401

**FOR OFFICE USE ONLY**

Date received in the Registrar's Office: _____	Data checked by: _____
Decision: _____	% Refund: _____ Semester/Year: _____
Signature, Chair of Tuition Refund Appeals Committee: _____	Date: _____
Additional Comments: _____	
_____	