



## TUITION CHARGE APPEAL PACKET

Students should seek advising from their academic advisors and Bronco Express **BEFORE** withdrawing from classes to make sure they understand how it will affect their academic progress and financial aid received.

Tuition charges must be appealed within **TWELVE MONTHS** from the semester in question.

You must withdraw from the classes in question before you file your appeal. If you have a hold on your account, contact Registration at 269-387-4300. If it is after the date to withdraw yourself, you will need to contact the Ombudsman at 269-387-0718 and file an Appeal for Hardship Withdrawal.

If you received financial aid for the semester/session from which you have withdrawn, Financial Aid will review your status and may adjust your Financial Aid accordingly. **This may result in your owing additional monies to the University.** Any refunds due will be processed after all account adjustments are made.

If you have a complete withdrawal and are appealing due to non attendance, **ALL financial aid for that semester/session must be returned per Federal and University guidelines.** For partial withdrawal non attendance, your Financial aid may be adjusted accordingly.

Students withdrawing from classes who are in the flat rate, a **tuition refund will not be granted** if you still remain in the flat rate.

You will find within this packet an application with instructions on how to complete your appeal. This application, along with third party documentation and your statement will make up your appeal. **Third party documentation is considered documentation certifying your circumstances from a party other than yourself or family members. Someone who would have factual information about your circumstances. i.e. doctor, legal, counselor, etc.**

- ★ If you are withdrawing for medical reasons, please use the Tuition Charge Appeal Medical Certification form as the third party documentation. **Do not turn in your medical bills.**
- ★ If you are withdrawing due to non attendance, please use the Tuition Charge Non Attendance form for **each class you have withdrawn** from as your third party documentation.
- ★ If you are withdrawing for any other reason, please provide documentation from a third party on their letterhead.

Please return forms to the Accounts Receivable office, room 1060 of the Seibert Administration Building. Office hours are 8 to 5, Monday through Friday. If you wish to fax your information, please use 269-387-4227. If you wish to email your information, please send to [acnr-tuitionappeals@wmich.edu](mailto:acnr-tuitionappeals@wmich.edu). We ask that you allow 10 business days to process your completed appeal and we will contact you via your [wmich.edu](mailto:wmich.edu) email address. **ALL DECISIONS OF THE APPEALS COMMITTEE ARE FINAL AND NOT SUBJECT TO APPEAL.**

**~THIS PAGE MUST BE COMPLETED BY ALL APPLICANTS~**



**WESTERN MICHIGAN UNIVERSITY**

Please return the completed form to:

**WMU Accounts Receivable**  
Siebert Administration Building, Rm 1060  
1903 W Michigan Ave Kalamazoo, MI 49008-5210  
PHONE: 269-387-4141 FAX: 269-387-4227

EMAIL: [acnr-tuitionappeals@wmich.edu](mailto:acnr-tuitionappeals@wmich.edu)

### TUITION CHARGE APPEAL APPLICATION

TUITION CHARGES MUST BE APPEALED WITHIN TWELVE MONTHS OF THE SEMESTER IN QUESTION.

**~ALL DECISIONS OF THE APPEALS COMMITTEE ARE FINAL AND NOT SUBJECT TO APPEAL~**

Circumstances which warrant an appeal may include a significant event that occurred **during the semester of withdrawal** and had a direct impact on your ability to complete the course(s) from which you withdrew. A student's reasons for requesting a cancellation of tuition charges vary individually and are evaluated on that basis.

Instructions: **This is your chance to explain to the committee the reason to approve your request.**

Attach a **signed** typewritten statement, explaining the circumstances you have experienced. The reason must be beyond your control. This should be no longer than one page and provide only the facts about this appeal.

Attach documentation from a **THIRD PARTY** on their letterhead, that substantiates the reason(s) that you were unable to drop the class(es) within the time period to qualify for refund of tuition charges. You may use the attached forms if they pertain to your reason for appeal.

\*\* If you did not withdraw during the semester and filed an Appeal for a Hardship Withdrawal, you can authorize us to obtain your statement and third party documentation from the Ombudsman office, if you feel that documentation will help your case. We may require more documentation. Please initial here .

**Please print legibly. If we cannot read your application, we cannot process it!**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WIN#** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**WMU Email address:** \_\_\_\_\_  
( All correspondence will be via WMU email address)

**Current address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Semester and Year of appeal:** \_\_\_\_\_ **Last Date Attended:** \_\_\_\_\_

<u>CRN Number</u>	<u>Course Name</u>	<u>Credit Hrs.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information can be found on the GOWMU portal under "my schedule" for semester and year in question.

**Courses being appealed**      **Total Hours:**

For Accounting Use Only:      EXCEL TUITION CHARGE APPEAL PACKET      updated:09/15

Decision: \_\_\_\_\_ Percent: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

SPACMNT       SPREADSHEET       SCANNED

**TUITION CHARGE APPEAL MEDICAL CERTIFICATION**

(Third Party Documentation for Medical Appeal)



WESTERN MICHIGAN UNIVERSITY

Please return the completed form to:  
**WMU Accounts Receivable**  
**Siebert Administration Building Rm 1060**  
PHONE: 269-387-4141 FAX: 269-387-4227

[acnr-tuitionappeals@wmich.edu](mailto:acnr-tuitionappeals@wmich.edu)

**SECTION 1: STUDENT IDENTIFICATION**

**\*\*\*COMPLETED BY STUDENT\*\*\***

Student Identification Number (WIN):

**\*\*YOU MUST WITHDRAW FROM THE CLASSES IN QUESTION BEFORE YOU FILE YOUR APPEAL.\*\***

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Semester of appeal: \_\_\_\_\_ Total Hours: \_\_\_\_\_

I authorize any physician, hospital or other institution having records about my medical condition, to release this information to Western Michigan University, in consideration of my application for a tuition refund appeal.

Signature of Student

Date

**\*\*YOU MUST COMPLETE THE TUITION CHARGE APPEAL APPLICATION AS WELL AS THIS FORM\*\***

**SECTION 2: PHYSICIAN'S CERTIFICATION**

**\*\*\*Must be Completed by Attending PHYSICIAN\*\*\***

**Instruction for Physician:** The student listed above is requesting a tuition refund due to a serious medical condition.

Please complete and sign the certification below if you are a doctor of medicine or osteopathy legally authorized to practice in the USA and if the student's condition meets the definition of a serious medical condition for the purpose of refund eligibility. In order to constitute a serious medical condition, a student must have been or will be unable to perform academic duties (attend class, study course content, take tests, write papers) for **three weeks** during the fall and spring semesters and **one and a half weeks** for the summer I and II semesters.

**1. Diagnosis/explanation of the student's medical condition and how it prevents them from performing academic duties.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Provide a date range the student was unable to perform academic duties.**

through

**I certify that, in my best professional judgment, the student identified above is unable to perform academic duties and complete the semester stated above because of an injury or illness during the above stated time.**

I am a doctor of (check one)

Medicine  Osteopathy  Other \_\_\_\_\_

Physician's Signature (a signature stamp is not acceptable)

Printed Name of Physician

Address

Date

City, State, Zip

Business Phone

**~COMPLETE THIS PAGE AS THIRD PARTY DOCUMENTATION ONLY IF YOU WITHDREW FOR NON ATTENDANCE~**

**Note: Withdrawing for non-attendance WILL effect your financial aid for that semester!**

**Please return the completed form to:**

**WMU Accounts Receivable  
Siebert Administration Building Rm 1060**

**PHONE: 269-387-4141 FAX: 269-387-4227**

## **TUITION CHARGE APPEAL NON-ATTENDANCE FORM**

(Third Party Documentation for Non Attendance)



**WESTERN MICHIGAN UNIVERSITY**

[acnr-tuitionappeals@wmich.edu](mailto:acnr-tuitionappeals@wmich.edu)

**\*\*YOU MUST WITHDRAW FROM THE CLASSES IN QUESTION BEFORE YOU FILE YOUR APPEAL\*\***

Students: Please complete Section 1 of this page and have your instructor(s) complete Section 2. You may have to contact the department to reach your instructor. You may also use email notification from instructors to verify non-attendance. Please keep a copy of this form for your records.

Date: \_\_\_\_\_

**\*YOU MUST ALSO COMPLETE AND SUBMIT THE TUITION CHARGE APPEAL APPLICATION\***

### **SECTION 1 to be completed by student:**

(Please print clearly and legibly)

Department \_\_\_\_\_ Course \_\_\_\_\_ CRN Number \_\_\_\_\_ Cr Hours \_\_\_\_\_

Semester \_\_\_\_\_

Student Name \_\_\_\_\_ WIN # \_\_\_\_\_

Instructor \_\_\_\_\_

### **SECTION 2 to be completed by Instructors:**

(Please print clearly and legibly)

Did this student ever attend class for the semester listed above? YES  NO

\*\*If the student attended, date of last attendance: \_\_\_\_\_

Signature: \_\_\_\_\_

PRINT: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

For Accounts Receivable Use Only:

EMAILED  FAXED  TO DEPARTMENT

Date: \_\_\_\_\_