

**TUITION APPEAL
OFFICE OF THE REGISTRAR**

TUITION APPEAL POLICY

Iowa State University will review a request for tuition and fee refund provided you meet the requirements of the Tuition and Fee Appeal policy. Appeals that do not represent a sound basis for reimbursement will be denied.

- **You must be officially withdrawn from the semester before an appeal can be reviewed.**
- Appeals from semesters more than two years old will not be considered (Example: If you are appealing your Spring 2016 tuition assessment, it must be submitted to ISU by the last day of the Spring 2018 term).
- Appeals for consecutive semesters will not be considered (Example: If you are appealing your Spring 2016 tuition assessment you cannot also appeal Fall 2015 or Summer 2016).
- **Submission of a tuition appeal must be initiated by the student, or with their expressed authorization and consent.**

If you received Financial Aid for the term identified in this appeal, be aware that submission of a tuition appeal could impact your Financial Aid and result in money owed. It is recommended that you discuss these implications with the Financial Aid office before submitting an appeal. If you are a recipient of Veteran's Benefits, it is important to discuss your appeal with the Veteran's Educational Benefits certifying officials in the Office of the Registrar before proceeding with the request.

Depending on the complexity of the appeal and receipt of all supporting documentation, the processing time may be a month or more. Be advised that filing a tuition appeal does not exempt your account from the assessment of collection and/or financial penalties. Please pay tuition and fees when due.

EXTENUATING CIRCUMSTANCES THAT SUPPORT AN APPEAL

- Significant physical or mental illness or injury of the student. This excludes conditions or illnesses that remain static and are known to the student at the time of enrollment.
- Significant physical or mental illness or injury of an immediate family member.
- Death of an immediate family member.
- Involuntary and unforeseen changes in employment schedule or location. Loss of employment does not apply.
- In individual cases, when it is in the best interest of the student and the institution, the Registrar's Office may grant an exception that is not deemed to be served appropriately by the exception criteria stated elsewhere.

APPEALS WILL NOT BE APPROVED FOR THE FOLLOWING REASONS

- Misinterpretation or lack of knowledge of University policies or procedures.
- Dissatisfaction with instructor, course content, delivery of instruction, or academic progress in the course.
- Personal errors in judgement involving transportation, availability of finances, academic ability, or time management.
- Non-qualification, late application, or loss of eligibility for financial aid or scholarships.
- Voluntary acceptance of employment or other activity impacting the ability to attend classes.
- Non-receipt of mail or other communications.

QUALIFYING DOCUMENTATION

- Statement from your health care provider on letterhead and including applicable dates of onset or treatment and severity of illness. For letter format recommendations review the [tuition appeal medical documentation guidelines](#).
- Hospital admission statements or similar.
- Verification of involuntary employment changes from an employer on official letterhead.
- Statements from each of your instructors indicating your last date of participation.
- Verification of Attendance from another institution (usually provided by that school's Registrar's office)

APPEAL OF THE DECISION DETERMINED BY THE OFFICE OF THE REGISTRAR

- Upon written request, you may appeal the initial decision of the Office of the Registrar.
- The Registrar's Office must be notified of your intent to appeal within 10 business days of the initial decision notification.
- The secondary appeal may include additional supporting documentation.
- The secondary appeal will be reviewed by the University Tuition Appeals Committee. If the appeal information is deemed sufficient to modify the original decision, fees will be adjusted accordingly, and you will be notified of the decision.



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STUDENT INFORMATION

NAME (LAST, FIRST, MI)		UNIVERSITY I.D. NUMBER	
ADDRESS (NUMBER, STREET, APT)		CITY, STATE, ZIP	
PHONE NUMBER		EMAIL ADDRESS (in current use for communications)	
SEMESTER AND YEAR APPEALING:	SPRING <input type="checkbox"/>	SUMMER <input type="checkbox"/>	FALL <input type="checkbox"/> YEAR:

STUDENT STATEMENT

Attach a Letter of Appeal. This must include the reason for your appeal and details the extenuating circumstances of your withdrawal.

STUDENT DOCUMENTATION

Along with your written appeal, you need to submit documentation to support your appeal. The documentation must be on appropriate official letterhead.

STUDENT CERTIFICATION

By signing below, you acknowledge that you are aware of potential Financial Aid implications of appealing tuition. Furthermore, you certify that the Letter of Appeal and all applicable documentation has been submitted with this tuition appeal.

I have read the information on this form. The information I have provided in this appeal is accurate; I authorize the Office of the Registrar to seek additional verification or information as needed.

Student Signature _____ Date _____

SUBMITTING THE APPEAL

Completed appeal or questions can be submitted to:

Upload your appeal Email: schedfees@iastate.edu
(click box above!) Fax: 515-294-2034
Phone: 515-294-2331

If further information is required to reach a decision, you will be contacted through the EMAIL address provided above. Your appeal will be processed once all documentation is received. Allow a month or more for notification of the decision, which will be EMAILED to the address supplied above. If your account shows a balance at the time a refund is processed, the refund will first be applied to the outstanding balance. Partial or full refunds are subject to return to any financial aid programs that paid the costs for the term for which you are withdrawing.

REGISTRAR OFFICE PROCESSING

Date Received:		Effective date used	
Acct Rec <input type="checkbox"/>	Financial Aid? Y N	Days Attended	M <input type="checkbox"/>
Previous Appeal? Y N	Term:	Decision A D	%
Approved Signature		Date	

