



Application for Appeal of Tuition Refund

*Students should appeal for a tuition refund <u>ONLY</u> if unusual circumstances are involved.	
*Date:	*Student Gnumber:
*Name:	
*Address:	
*City, State, Zip:	*Phone:
*Grand Valley Email:	
*Semester and Year for which you are requesting a refund:	
*Total credit hours for which you are requesting a refund:	
*Name and number of course(s):	

*Did you receive any financial aid administered by GVSU during the semester in question?	Yes	No
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<p>Please attach supporting evidence, including:</p> <ul style="list-style-type: none"> 🕒 Personal statement from student 🕒 As appropriate: <ul style="list-style-type: none"> 🕒 Signed doctor’s note on letterhead (utilizing the medical provider form on the next page) 🕒 Letter from instructor 🕒 Other supporting documentation 	<p style="text-align: center;">Return all documents to:</p> <p style="text-align: center;">Student Assistance Center 150 Student Services Grand Valley State University Allendale, MI 49401 OR regdept@gvsu.edu</p>
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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:	



Medical Provider Documentation Form

This form should be included along with the Application for Tuition Refund to provide documentation related to an extenuating circumstance regarding health. Extenuating Circumstances are unforeseen, uncontrollable, and unavoidable events that have resulted in a student's inability to complete academic responsibilities within a given academic term due to health concerns, allowing students to withdraw from ALL courses.

*denotes a required field

*First Name:	*Last Name:
*Gnumber:	*Phone Number:
*GVSU Email:	
*Health (Medical/Mental Health) Provider Name:	
*Organization	

Healthcare Provider: (This information should be submitted on official letterhead by a licensed/certified provider in area of diagnosis. Example: for mental health must be licensed psychologist, psychiatrist, LCAS, LCSW)

1. Diagnosis and/or description of the problem.
2. Period of onset.
3. The degree of functional limitations. *Functional limitations are impairments that prevent one from fully performing an activity or task.*
4. Your recommendation regarding the appropriateness of a withdrawal for this student, an uncontrollable, unavoidable and uncontrollable disruption in the student's academic functioning (i.e., class attendance, ability to do homework, etc.) for the specified semester

Please note that hospital or doctor's office paperwork (such as discharge statements or visit summaries) are not appropriate forms of medical documentation. The Tuition Refund Appeal Committee requires a signed provider statement on official letterhead as stated above.

Please return this form and all supporting documentation by:

Mail: GVSU Registrar's Office, 150 Student Services, 1 Campus Drive, Allendale, MI 49401

Email: regdept@gvsu.edu

Fax: (616) 331-2000

In-Person: 150 Student Services