



APPLICATION FOR APPEAL OF TUITION REFUND*

*Students should appeal for a tuition refund ONLY if unusual circumstances are involved.

Date:	Student G#:
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?

<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"> o Signed doctor's note on letterhead o Letter from instructor o Other supporting documentation 	<p>Return all documents to:</p> <p>Student Assistance Center 150 Student Services Grand Valley State University Allendale, MI 49401</p> <p>OR</p> <p>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:	