



## 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: \_\_\_\_\_

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? \_\_\_\_\_

Please attach supporting evidence, including:

- Personal statement from student
- As appropriate:
  - o Signed doctor's note on letterhead
  - o Letter from instructor
  - o Other supporting documentation

Return all documents to:

Student Assistance Center  
150 Student Services  
Grand Valley State University  
Allendale, MI 49401

OR

Regdept@gvsu.edu

### 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: \_\_\_\_\_