



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: _____