Fee Appeal Form

This form must be submitted within 60 days of the end of term for which the adjustment is being requested. Late requests will not be considered. Consultation from the Student Accounts Office is required prior to filing an appeal.

Student Name: __________________________________________

Address: __________________________________________ City: __________________________ State: __________

Zip Code: __________________________ Phone: __________________________ Semester / Year of Request: __________

Email address: __________________________

Did you receive Financial Aid? __________

The University will consider fee appeals based on:

❖ Appeals will be based on last date of attendance which may result in a balance due to The University of Akron.
❖ Medical reasons for you or a family member: Medical Emergency must occur after the start of the semester for which the refund is requested. Pre-existing medical emergencies or conditions are not grounds for a refund (must be supported by a signed statement from attending physician on official letterhead and must include: dates of service, student unable to attend classes and when the student will be able to return to classes)
❖ Death of the student or immediate family member: Death must occur after the start of the semester for which the refund is requested (Immediate family includes spouse, mother, father, legal guardian, sibling or grandparent. Must be supported by a copy of death certificate or obituary notice)
❖ Military duty (must be supported by documentation from Military Services Office)

The University will NOT consider fee appeals based on (please initial this has been read):

❖ Failure to read the published University refund policy (found at http://www.uakron.edu/student-accounts/refunds/)
❖ Lack of attendance in a class(es). Students must process an official registration/schedule adjustment form

Fee appeal checklist: (must complete all prior to turning in appeal)

☐ Classes have been officially withdrawn.
☐ Written statement from student stating reason for appeal.
☐ Third party documentation supporting this appeal (professional documentation: physician letter, death certificate, police report, etc.)
☐ This form, completed.

By signing below, I certify that I have read this form in its entirety. My statement and any attachments are, to the best of knowledge, true. I understand that changes made in my registration may also impact enrollment certifications that The University of Akron provides concerning my insurance, student loans, etc. I also understand the financial aid implications (see below if applicable). The Fee Appeal Committee meets twice a month and all decisions made by the committee are final. Outcomes will be mailed to the address listed above.

Student Signature: __________________________ Date: __________________________

** Financial aid recipients**: Your financial aid and student account will be adjusted to reflect any financial changes that may result from a successful appeal, i.e. revised charges and revised financial aid. This could result in you owing a balance to The University of Akron for charges paid by financial aid and for any financial aid refund money you received directly but did not earn based on your non-attendance.

Please return to: The University of Akron, Student Accounts Office, Akron, OH 44325-6219, Or fax to: 330-972-2082

Questions? Please contact us at 330-972-5100