



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: _____ ID# _____

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- Classes have been officially withdrawn.**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 44325-6209, Or fax to: 330-972-2082

Questions? Please contact us at 330-972-5100