

## Appalachian State University Tuition Surcharge Waiver/Review Request Form

The **TYPED** completed form and any supporting documentation must be submitted to the Appalachian State University Registrar's Office at [registrar@appstate.edu](mailto:registrar@appstate.edu) within 30 days of receiving the bill that includes a notice of the tuition surcharge. You must demonstrate that your pursuit of a degree has been substantially disrupted due to an **extraordinary hardship** which, despite responsible handling, caused you to exceed 140 attempted hours.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student ID \_\_\_\_\_ Telephone \_\_\_\_\_

ASU Email Address \_\_\_\_\_@appstate.edu

Address \_\_\_\_\_

*(Number and Street, City, State, Zip)*

Expected Graduation Date/Term \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Semesters/year for which you are requesting a waiver (a waiver may not be applied retroactively for prior semesters):

Fall      Spring      Year \_\_\_\_\_

Provide at least one definitive statement that characterizes the extraordinary hardship:

Describe the circumstances that support your extraordinary hardship above. This description must be provided by the student. You may attach additional pages as necessary. You **must** attach any necessary documentation that supports your claim of extraordinary hardship (e.g., medical documentations, etc). Please note: Health information submitted with a request of waiver of tuition surcharge is considered a disclosure authorized by the student.

Description:

**Appalachian State University**  
**Tuition Surcharge Waiver/Review Request Form**

Please list courses that you will take in subsequent terms to complete your degree requirements. You may also supply a program of study (checksheet) for your major indicating the courses still needed.

Term: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_

Term: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_

Term: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_

**Suggestion:** Scan any supporting documents first and be ready to attach them to this form's email. If you plan to mail documents, fill out the form, print it, and enclose all supporting documents and mail to the Office of the Registrar, John Thomas Bldg, ASU Box 32009, Boone, NC 28608.

<i>Office Use Only:</i> Attempted Hours _____ Earned Hours _____ Cumulative GPA _____ Expected Graduation Term _____ Surchargeable Hours _____ IP _____ W/D _____
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