

Appalachian State University Tuition Surcharge Waiver/Review Request Form

The **TYPED** completed form and any supporting documentation must be submitted by the student to the Appalachian State University Registrar's Office at registrar@appstate.edu within 30 business 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. You **must** attach current, relevant documentation with this request to support your claim.

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 _____

Current semester/year for which you are requesting a waiver (a waiver may not be applied retroactively for prior semesters and will not be considered in advance for future semesters):

Fall Spring Year _____

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

Describe, in detail, the circumstances that support your extraordinary hardship above. You may attach additional pages as necessary. You **must** attach current, relevant documentation that supports your claim of extraordinary hardship (e.g., medical documentations, etc). Requests received without proper documentation may not be reviewed. **Please note:** Health information submitted with a request for a tuition surcharge waiver is considered a disclosure authorized by the student.

Description:

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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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