

Office of the Registrar

Tuition and Fees Refund Appeal Request

Student ID: _____ Today's Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Term: _____ Withdrawn Course(s): _____

The University refund policy and schedule is maintained in the Registrar's Office and available online at:

<https://registrar.appstate.edu/resources/policies/academic-policies/withdrawal-policy>

I request an appeal of the Appalachian State University Refund Policy based on the following reason(s) and have attached supporting documentation to this request:

I understand that in the event that my withdrawal from the classes in question is completed prior to the end of the term and is for a documented extenuating circumstance related to a medical illness of myself or my immediate family that prevented me from completing my coursework, the appeal may be decided by the University Registrar or designee. All other appeals will be considered by the University Financial Appeals Committee. I also am aware and understand that the Registrar reserves the right to request any appeal be reviewed by the University Financial Appeals Committee.

Signature: _____ **Date:** _____

Please return completed and signed form and supporting documents to:
Appalachian State University, Office of the Registrar
John E. Thomas Bldg, ASU Box 32009
Boone, NC 28608-2009
Fax: 828-262-3136