



Student Name: _____ Student WIN #: _____

-- Please Print Legibly in Blue or Black Ink Only --

Request for Cancellation of Tuition Charges

When appealing for cancellation of tuition charges, you **MUST** present documentation to substantiate the reason(s) that you were unable to drop or withdraw from the course(s) within the period specified in the "Refund Policy" for the semester indicated below. **Note: An official withdrawal must be processed through the Registrars Office prior to submitting this form. WE CAN ONLY REVIEW REQUESTS THAT THOROUGHLY DOCUMENT AND EXPLAIN YOUR CIRCUMSTANCES.**

Please complete this form, attach required documentation, sign, and return to the address indicated below. We will notify you of the results when the review is complete. Please allow up to four weeks for a decision.

Semester of Withdrawal _____ If Withdrawal From All Classes – Total Hours _____

If Partial Withdrawal, Please List:	<u>Call Number</u>	<u>Course</u>	<u># Credit Hours</u>
	(5-6 digits)	(i.e. ENGL 1000)	
	_____	_____	_____
	_____	_____	_____

Please check the applicable reason: (appeals submitted without documentation will be returned as DENIED)

- ____ 1. **I have experienced a significant medical illness or injury that directly affected my ability to complete the course(s).** Attach a detailed explanation of the situation, including its severity, length of time and how the occurrence specifically affected your schoolwork. Also include supporting medical documentation (i.e. doctor's statement, hospital discharge papers).
- ____ 2.. **An error was made by the university, which caused me to withdraw from the course(s).** Attach a detailed explanation noting the circumstances and a letter (on university departmental letterhead) from the professor or academic department noting the last date of attendance and verification of the error.
- ____ 3. **There was a death of a close relative, roommate or friend during the semester and this directly affected my ability to complete the course(s).** Attach a detailed explanation noting the name of the deceased, their relationship to you, the date of death, how the occurrence specifically affected your schoolwork and supporting documentation (i.e., obituary **and** documentation verifying your relationship to the deceased if not indicated in the obituary).
- ____ 4. **I experienced a significant event or situation (beyond my control) that occurred within the semester and caused me to withdraw from the courses indicated above.** Attach a detailed explanation and supporting documentation (i.e., letter from employer, police report, or other applicable documentation.)

To the best of my knowledge, all the information on this form and the attachments are complete and accurate.

Student Signature _____ Date _____

Address _____ Daytime Phone (____) _____

City, State, Zip _____ @wmich.edu