Tuition Appeal
EASTERN MICHIGAN UNIVERSITY

DEADLINE: Tuition appeals **must** be submitted **no later than 15 business days** after the end of the semester you are appealing. Tuition appeals are only considered for extraordinary circumstances or University error. Filing an appeal does not relieve your current obligation to EMU. You are responsible for all charges assessed on your account while your appeal is pending.

Last Name	First Name	EID
Street Address		
City	State	Zip Code
Home Telephone Number	Work Telephone Number	Cell Phone Number
Semester for Appeal	Academic Level (circle one) *Undergraduate* *Graduate*	Email Address

Course Name and Prefix	CRN	Credit Hours	Drop/Withdrawal Date

You **must** read the following and initial the space provided next to each guideline. Failure to do so or comply with the guidelines will result in immediate denial.

___ I understand that I will receive all correspondence, including approval/denial notification, by the email address I provided above.

___ I understand that if these courses were part of a conferred degree, my appeal will be automatically denied.

___ Even if my tuition appeal is approved, I understand that I will still be responsible for the $40 non-refundable registration fee and will pay it in full within one week of the email notification.

___ By request to the Office of Records and Registration or online, I have already withdrawn from the class(es) listed above.

___ I understand that if I have financial aid, it is in my best interest to consult with a financial aid advisor and have him/her initial the box below **prior** to submitting the tuition appeal. If my appeal is approved, my financial aid may/will be canceled and I may/will owe back EMU any refunds that I have received. I understand that if I submit this appeal without consulting a financial aid advisor, I waive my right to financial aid advising regarding this situation and I will be held responsible for any charges on my account after the appeal process is complete.

_____ _____
Student Signature Date

FOR OFFICE USE ONLY									
Approved _____%	Denied: ☐	Added to W: Drive By	Date	COLL 3rd PTY FIN AID		**OFA Advisor Initials:**			
Authorized Signature		Title	Date	Sent to Financial Aid By	Date	Sent to Registration By	Date		
Fees Processed By	Date	W: Drive Updated By	Date	Email Sent By	Date	Other Information			