

## **Extenuating Circumstances Tuition & Fees Refund Request**

Tuition & Fees Refund Requests are scrutinized very closely and the likelihood of approval is rare. Students should follow the deadlines identified in the Schedule of Classes for withdrawal from any classes. Official documentation must be provided that explains the circumstances and timeline of the situation. This request will automatically be sent to the Tuition and Fees Committee for review. You will be notified of a decision when the process is complete.

Student Information	
Name:	
UNI ID Number:	Phone Number: ()
UNI Email Address:	Personal, Non-UNI Email Address:
Major(s):	
Minor(s) and/or Program Certificate(s):	
Semester Requesting Refund:	Last Date of Class Attendance (Required):*Documentation of last day of attendance requested if available
Request Details	
doing so, I understand:  That this is an exception to the policy and a  That my request for a tuition and fees refur reimbursement for.  That someone from the Registrar's Office w Supporting Documentation:  I am attaching a completed Medical Documentation	and will only be considered if I am withdrawn from the class(es) I am seeking will contact me once my request has been reviewed.  The inertation Form (found on the UNI Registrar's website).  The ing the Medical Documentation Form to the Office of the Registrar.
Reason for Appeal/Documentation	
specific - describe extenuating circumstances, provide	of appeal describing the reason(s) and justification for seeking a tuition refund. Be de dates, the name of persons contacted, and any steps you took to address the documentation from your professor(s), medical provider(s), or other
Withdrawal Information	
seeking a reimbursement for. If we are still within the	be considered if you are withdrawn from the University or the class you are ne withdrawal period, you can fill out a withdrawal form at the Office of the ubmit a student request (located on your MyUNIverse account) to request a
Student Signature:	Date:
University of Northern Iowa Office	of the Registrar 115 Gilchrist Hall Cedar Falls Jowa 50614-0006