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## TUITION REFUND APPEAL

**DIRECTIONS**—Tuition refund appeals are granted only in cases of rare and extreme circumstances and are not granted for failure to cancel, nonattendance, or employment. Your appeal must be received **no later than July 31 of the academic year for which you are submitting the appeal**. Accounting practices and compliance with regulations restrict our ability to process tuition refund appeals beyond the end of the fiscal year. You should meet with an advisor to discuss options, including taking incompletes in your courses instead of seeking a refund.

### Required actions

In order to proceed with the appeal process, use the checklist below to ensure you complete all required actions. The process **cannot continue** without completing the following actions:

- Withdraw from courses before submitting this form.
- Complete parts A through C on page 2.
- Attach a personal statement that fully describes the circumstances that led to your withdrawal.
- Attach the required supporting documentation listed on page 2 of form.

### You must consult another University office if:

- you have, or think you have, a disability related to this Tuition Refund Appeal. Consult the Disability Services Office (320-589-6178 or 240 Briggs Library) before submitting this form.
- you were enrolled on the University-sponsored Student Health Benefit Plan during the semester you are appealing. Consult the Office of Student Health Benefits (N323 Boynton Health Services) before submitting this form.
- you utilized dining, bookstore or housing services for the semester you are appealing. Contact them directly as this appeal is only for tuition and fees.

### Consequences of an approved appeal

There are consequences of receiving a tuition refund for your courses. Read the following consequences carefully before submitting this form.

#### Financial aid

By retroactively canceling courses, you may be billed for financial aid that was disbursed to you based on your original enrollment.

#### Your academic record

Regardless of the appeal decision, a grade of 'W' (for withdrawal) will remain on your academic record for each course.

#### Health insurance coverage

If you receive health coverage through the University-sponsored Student Health Benefit Plan and/or receive services at Boynton Health Service, you may lose your coverage and become liable for all services paid by the Plan and/or all Boynton Health Service charges retroactive to the beginning of the term. Contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu with any questions prior to submitting this appeal.

**TUITION REFUND APPEAL**

**Return form to:**

One Stop Student Services  
 105 Behmler Hall  
 600 E 4th St  
 Morris, MN 56267

320-589-6046  
 fax: 320-589-1673  
 ummonestop@morris.umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART A. Student information		
Student name (last, first, middle initial)	Phone (include area code)	University ID
Current address (city, state, ZIP code)	University (preferred) or current email address	
Term/year of cancellation <input type="checkbox"/> fall 20__ <input type="checkbox"/> spring 20__ <input type="checkbox"/> May/summer 20__	List course(s) canceled	
PART B. Reason for appeal		
Please check the box to indicate why you are appealing. <b>ATTACH</b> a personal statement regarding your reason for appeal, as well as the required documentation listed below.		
<input type="checkbox"/> Medical	Your physician must complete the medical supplement on the next page. You must sign the authorization for release of medical information on that page. Attach any additional documentation if necessary.	
<input type="checkbox"/> Death in immediate family	<b>ATTACH</b> copy of death certificate.	
<input type="checkbox"/> Military activation	<b>ATTACH</b> copy of military activation orders.	
<input type="checkbox"/> Academic	<b>ATTACH</b> letter on University stationery from a Division Chairperson or Vice Chancellor with details regarding circumstances.	
PART C. Student certification		
<input type="checkbox"/> I am not receiving financial aid for the term/year listed in PART A. (Financial aid includes loans, grants, scholarships, tuition benefits, work study, and fellowships) <input type="checkbox"/> I am receiving financial aid for the term/year listed in PART A. <b>NOTE:</b> If your circumstances require you to withdraw/cancel from all courses, you are urged to contact Financial Aid and your academic adviser so your decision will be based on a clear understanding of the consequences of withdrawing from courses. Questions may be directed to One Stop Student Services.		
<b>I understand that by canceling courses I may be billed for financial aid that was disbursed to me based on my original enrollment.</b> Please note that any approval resulting in a reduction or removal of the Student Services Fee and/or the University-sponsored Student Health Benefit Plan will make you liable for payment of all Boynton Health Service charges and claims for services paid by the Plan retroactive to the beginning of the term. By signing this form, you are certifying that the information you provided is true. Misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code.		
<b>If you have read and understood the statement above, sign and date the box below.</b>		
Student signature	Date	
office use only	results of decision	
approved? <input type="checkbox"/> yes <input type="checkbox"/> no Effective Date: _____		
processed by Staff Initials: _____ date: _____		



# TUITION REFUND APPEAL MEDICAL SUPPLEMENT

**INSTRUCTIONS FOR PHYSICIAN**—This form is to be used to help the student with documentation for an exception to the University of Minnesota’s tuition policy. When completing this form, you will be asked to rate conditions on a scale of mild, moderate, or severe. Please use these ratings to indicate the usual state of severity of the conditions during the illness period. Mild is intended to indicate impairment in functioning greater than would be expected for a college/university student, leading to some impairment in studying and/or missing of classes. Moderate indicates further impairment in functioning that is not excessive or extreme. Severe indicates extreme difficulty in functioning and complete inability to attend class or study. If additional space is needed, attach a separate letter on letterhead providing further information.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

<b>PART A. Student information</b>		
Student name (last, first, middle initial)	University ID	
<b>PART B. To be completed by physician/medical professional</b>		
Patient was seen for medical condition on (list all dates):		
List your diagnosis:		
Length of treatment:		
Was the student physically/emotionally incapable of attending classes during the term of the illness? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>		
Rate the severity of how the illness impacted the student’s daily functioning during the term of the illness: <span style="display: block; text-align: center;"><input type="checkbox"/> mild (less than 2 weeks)      <input type="checkbox"/> moderate (2-6 weeks)      <input type="checkbox"/> severe (more than 6 weeks)</span>		
List specific symptoms and how they prevented the student from attending class(es):		
Extent of the illness or injury as it relates to the student’s ability to participate in class: <input type="checkbox"/> hospitalization (including day hospitalization) required (from _____ to _____) <input type="checkbox"/> confined to bed (from _____ to _____)		
If this condition is a continuation of a prior condition, did the student suffer a relapse, have complications, or require a change in medication that affected her/his ability to attend classes: If yes, explain and give the date this was diagnosed:		
Rate how the student’s illness affected the following daily functions:		
Ability to concentrate:	<input type="checkbox"/> mild	<input type="checkbox"/> moderate
Ability to sleep:	<input type="checkbox"/> mild	<input type="checkbox"/> moderate
Ability to attend class or study:	<input type="checkbox"/> mild	<input type="checkbox"/> moderate
Energy level:	<input type="checkbox"/> mild	<input type="checkbox"/> moderate
Other _____:	<input type="checkbox"/> mild	<input type="checkbox"/> moderate
Other _____:	<input type="checkbox"/> mild	<input type="checkbox"/> moderate
Did you recommend ongoing treatment/therapy? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>	If yes, how often is/was the required treatment: <span style="float: right;"><input type="checkbox"/> Daily   <input type="checkbox"/> Weekly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Other: _____</span>	
When do you believe the student can/could resume daily activities, including attending class(es)?		
Other comments pertinent to the student’s circumstances:		
<b>PART C. Certification</b>		
Name/title	Date	
Signature	Name of service provider/hospital/clinic	Phone number
<b>Signature of student authorizing release of medical information required</b>		
Student signature	Date	