

Please complete, print, sign, and submit to:

Valparaiso University | Office of the Registrar | 1700 Chapel Drive | Kretzmann Hall | Valparaiso, IN 46383
Phone: (219) 464 - 5212 | Email: registrar@valpo.edu | Hours: Monday - Friday, 8:00 AM - 5:00 PM

1. Student Information

Valpo ID # _____ Full Name _____
Please type or print your name as it is officially recorded with Valparaiso University: Family/Last Name, Given/First Name Middle Name Maiden/Former Name

Email Address _____ Phone _____

2. Semester and Attendance

Semester and year appealing: Fall ____ Spring ____ Summer ____ Receiving Financial Aid: Yes No

Did you attend the class or classes during the semester for which you are appealing Yes No

3. Conditions for Appeal

Tuition appeals are for students who have withdrawn or have been approved to drop after the deadline and are requesting a refund or adjustment in tuition for that semester. Approval of this appeal does not apply to changes in grade or registration status. Approval of this tuition appeal may have an impact on recipients receiving various types of Financial Aid. Appeals must be received by the Office of the Registrar within 120 days following the semester in which the charges occurred.

See [Student Financial Services](#) for Withdraw/Refund Policy.

4. Reason for Appeal

Attach a letter of explanation detailing your situation and the reasons why you are requesting the tuition to be refunded or credited. Please be as complete as possible. Attach copies of documentation needed to support the reason/s indicated below. Requests to appeal tuition will only be considered if there were extenuating circumstances that prevented attendance during a given semester.

- Student Illness - A note from your physician indicating dates you were unable to attend.
- Illness or death of immediate family member.
- Military deployment.
- Change in employment.
- Verifiable error made by Valparaiso University - Provide documentation from a University representative.
- Other - Please provide a detailed explanation of the situation and include all relevant documentation.

5. Notification

Once the Appeal Committee has reached a decision, a letter or email will be sent within two weeks of the meeting. Please select the method of notification you prefer:

Please notify me at the email address provided on this form.

Please notify me at the following address: _____
Please Print _____

Student Signature _____ Date _____

Office Use Only:

Date Received _____ Approved _____ Denied _____
 Approved Date of Refund: _____ Percentage: _____