



**TUITION REFUND APPEAL FORM**

Student Name (Print) \_\_\_\_\_ Moravian ID # \_\_\_\_\_

Please Check Circumstances that Support Your Appeal:

<u>Check</u>	<u>Circumstance(s) that Apply to the Student</u>
<input type="checkbox"/>	Significant Illness or Injury of the Student
<input type="checkbox"/>	Significant Illness or Injury of an Immediate Family Member
<input type="checkbox"/>	Death of an Immediate Family Member, Guardian, or Domestic Partner
<input type="checkbox"/>	Student called to Military Duty
<input type="checkbox"/>	Other <b>***See Exclusions in Tuition Refund Policy***</b>

**Please attach a TYPED statement that explains your circumstances or justification for the tuition refund appeal. The student's letter MUST include supporting documentation.**

Select the Term OR Individual Courses(s) that you are requesting a tuition refund:

**\*\*\*Requests must be submitted before the last date of classes in the succeeding semester (Fall or Spring) as published in the academic calendar.\*\*\***

<b><u>Academic Year: (18-19, 19-20, etc.)</u></b>	<b><u>Term (Fall, Spring, Summer):</u></b>
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<b><u>COURSE DESCRIPTION(S):</u></b>	<b><u>Course Name</u></b>	<b><u>Section Number</u></b>

By signing this form the student certifies that the appeal request and all supporting documentation is accurate and truthful. The student also certifies that he/she/they have read Moravian's Tuition Refund policy and any decision on this appeal is rendered final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

