

# MORAVIAN UNIVERSITY

## 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.\*\*\***

Academic Year: (21-22, 22-23, etc.) \_\_\_\_\_ Term (Fall, Spring, Summer): \_\_\_\_\_

<u>COURSE DESCRIPTION(S):</u>	<u>Course Name</u>	<u>Section Number</u>

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 \_\_\_\_\_