



**University of Colorado at Denver and Health Sciences Center**

Office of the Registrar – Downtown Campus

Tuition Appeals Coordinator

phone: 303-556-2324

1250 14th Street, Annex

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Denver, CO 80202

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**TUITION APPEALS FORM**

Students are responsible for abiding by the published deadlines on the Academic Calendar. Tuition is not refundable when students drop or withdraw from courses after the published deadlines. If circumstances beyond the student’s control have made the late drop or withdraw necessary, the student may appeal the tuition. In accordance with University policy, there are to be no tuition refunds without an appeals process. Tuition Adjustments will only be for the student portion of tuition and fees and will not include any portion of the College Opportunity Fund (COF) allowance for the semester.

Before you can appeal tuition charges, you must be officially dropped or withdrawn from courses for which you are appealing the tuition. You must complete and submit this Tuition Appeals form and supporting documentation within three months of the end of the term (last day of finals) for which you are applying for a tuition adjustment or within three months after the conclusion of any extenuating circumstances.

The Tuition Appeals Committee notifies the student of a decision within 30 calendar days of the properly submitted appeal. Notification will be mailed to the student within 5 business days of the decision. Decisions of the Tuition Appeals Committee are final and not subject to further appeal.

**1. Complete the following student information:**

*(Please print. Illegible forms will be returned.)*

<b>Name:</b> _____	<b>Student ID Number:</b> _____
<i>(Last)</i> <i>(First)</i> <i>(MI)</i>	<i>(CU SID)</i>
<b>Mailing Address:</b> _____	
<i>(Street)</i>	
_____	
<i>(City)</i> <i>(State)</i> <i>(Zip)</i>	
<b>Email Address:</b> _____	
<b>Telephone number:</b> _____	<b>Alternate number:</b> _____
<b>This petition is for:</b> <u>Spring</u> , <u>Summer</u> , <u>Fall</u> <b>Term</b> _____.	
<i>(Circle one)</i> <i>(Year)</i>	

**2. Please read and initial each question below:**

\_\_\_\_\_ I have read and understand the policies and procedures for tuition appeals as described above.  
*Initial*

\_\_\_\_\_ I have been officially dropped or withdrawn from the courses for which I am appealing the tuition.  
*Initial*

\_\_\_\_\_ I authorize the Tuition Appeals Committee to release, discuss or obtain information relating to this tuition appeal for the purpose of making a decision.  
*Initial*

**3. Please attach a personal statement (please type or print) explaining the circumstances beyond your control that prevented you from adhering to the deadlines on the Academic Calendar. Include copies of documentation supporting your statement.**

Examples of circumstances and supporting documentation include:

- a. Medical condition: You must submit documentation signed by medical professional.
- b. Immediate family emergency: You must submit documentation describing the nature of the injury or illness signed by medical professional. In the case of a death in the immediate family, you must submit a death certificate, or other recognized official documentation for example, a published obituary or remembrance card.
- c. Change in employment hours and location: The student must submit a letter from the employer explaining the dates and nature of the change in employment which prevented the student from attending courses.

**4. Print the title, course number, section number and credit hours for each course officially dropped or withdrawn from for which you are appealing the tuition:**

Subject and Course Number	Section	Hours
Example: CHEM 2811	001	3.0

**5. The information I have provided is true and accurate to the best of my knowledge:**

\_\_\_\_\_

**Student's Signature** **Date**

**6. Deliver petitions to the Office of the Registrar or mail petitions to:**

UCDHSC Office of the Registrar  
P.O. Box 173364  
Campus Box 167  
Denver, CO 80217-3364

**If you have any questions about the Tuition Petition Process, please call 556-2324.**

<i>Office Use Only</i>		
Date received: _____	Date reviewed: _____	Date complete: _____
Decision: _____		
Decision Date: _____		
Notes:		