



APPLICATION FOR APPEAL OF TUITION REFUND\*

\*Students should appeal for a tuition refund ONLY if unusual circumstances are involved.

Date \_\_\_\_\_ Student Number \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number Street City State Zip

Semester and Year for which you are requesting a refund: \_\_\_\_\_

Total credit hours for which you are requesting a refund: \_\_\_\_\_

Total amount of refund requested: \$ \_\_\_\_\_

Name and number of course(s): \_\_\_\_\_

Receive any financial aid administered by GVSU during the semester in question? \_\_\_\_\_

Reason for requesting refund (if necessary, attach additional sheet of paper)-  
Please attach supporting evidence such as a statement from doctor, instructor, dean, etc.:

Return ALL copies to: Student Assistance Center  
150 Student Services Building  
Grand Valley State University  
Allendale, MI 49401

**DO NOT WRITE BELOW THIS LINE**

Date received in the Records Office: \_\_\_\_\_ Data checked by: \_\_\_\_\_

Decision: \_\_\_\_\_ % Refund: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Signature, Chair of Tuition Refund Appeals Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: