

IUPUI
Office of Student Account Services
Indiana University - Purdue University
Office of Finance
Indianapolis

Application for Appeal of Fees

Appeals Guidelines

Students may complete the appeal of fees application **only if** there are significant or unusual circumstances outside of their control that caused their **involuntary** withdrawal from any or all classes.

Students receiving financial aid may be required to repay any and all aid applied to the account if classes are dropped and/or an appeal is granted. If you are receiving any type of financial aid you will need to contact Student Financial Services at (317)274-4162 or finaid@iupui.edu to consult with a Student Financial Services advisor regarding how filing an appeal with our office may affect your aid.

In order for an appeal to be reviewed, it must be submitted within a year of the close of the semester in question.

An appeal request **must** be submitted by the student. Appeals submitted by a parent or legal guardian will be accepted only in circumstance where the student may be mentally or physically unable.

It is the responsibility of the student to update all contact information via the Self-Service tab of OneStart to insure any contact made by our office is received.

Incomplete applications will not be reviewed by the Bursar Appeal Committee.

Questions concerning the appeals process; E-mail: feeappls@iupui.edu or Phone: 317-274-2451

Submit completed form to:

IUPUI Office of Student Account Services

Office of the Bursar

Attn: Appeals Coordinator

P O Box 6020

Indianapolis, IN 40206-6020

or

Fax: (317) 278-1579

or

The Bursar drop box located outside Student Financial Services, Campus Center, Suite 250

For Office Use Only



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Application for Appeal of Fees

Name: _____

Univeristy ID Number: _____

* Please Place a "X" to acknowledge steps have been taken *

A grade of "W" is posted on your transcript for courses you wish to appeal.

Date of Withdrawal (W): _____ or date of last attendance: _____

Term for which you are appealing : _____

Course(s) you wish to appeal: _____

Supply appropriate supporting documentation:

___ **Medical** - A letter from your doctor on company letterhead in support of your appeal, that provides dates under their care. No other documentation will be accepted i.e; notes on prescription paper, insurance statements, receipts, or discharge papers.

___ **Employment** - A statement from your employer on company letterhead in support of your appeal advising of your need to travel / increased work load/ relocation/etc.

___ **Death** - Copy of death certificate, obituary, or proof from funeral home.

___ **Other** - Supporting documentation to back up your appeal explanation.

Please attach a detailed explanation as to why you are appealing.

Acknowledgement of Understanding: By signing below I verify that I have read and understand the appeal guidelines.

Signature: _____ Date: _____

Term: _____

UID _____

First: _____

Last: _____