Eastern Oregon University
Tuition and Fee Refund
Appeals Form

1) Fill in your contact information.
   Name: ___________________________________________ Student ID#: _____________
   Address: ___________________________________________________________________
   City: ______________________________________ State: ________________ Zip: _______

2) List any amounts appearing on your account that are in question.
   Amount(s) in question: __________________________ Class/term related to: _____________
   Amount(s) in question: __________________________ Class/term related to: _____________
   Amount(s) in question: __________________________ Class/term related to: _____________

3) Write a simple, clear description of the charges.
   Description of Charges: _________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4) If it was a class write a description here.
   Professor of Class: _____________________________________________________________
   Signature or email statement from professor attached? ______ yes ______ no
   Are you a DDE student? ______ yes ______ no
   Is this appeal a result of a collections letter? ______ yes ______ no
   What special circumstances warrant a payment exception: ____________________________
   __________________________________________________________________________
   __________________________________________________________________________

5) Describe any medical conditions, accident or event that might warrant a payment exception:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   Receipts attached: ______ yes ______ no

6) Do you have any current Academic issues or Student conduct issues? ______ yes ______ no

sc/c/forms/appeals 03/21/06