

Eastern Oregon University

Tuition and Fee Refund Appeals Form

1) Fill in your contact information

Today's Date: _____

Name: _____ Student ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

2) List any amounts appearing on your student account that are in question:

Amount(s) in question: _____ Class/term related to: _____

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3) Write a simple, clear description of the charges.

Description of Charges: _____

4) If this appeal is for a class, write a description here.

Professor of Class _____

Signature or email statement from professor attached? _____ yes _____ no

Are you an online 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