



Fee Appeal Form

This form must be submitted within 60 days of the end of term for which the adjustment is being requested. Late requests will not be considered. Consultation from the Student Accounts Office is required prior to filing an appeal.

Student Name: _____ ID# _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Semester / Year of Request: _____

Email address: _____

Did you receive Financial Aid? _____

The University will consider fee appeals based on:

- 3 Appeals will be based on last date of attendance which may result in a balance due to The University of Akron.
- 3 Medical reasons for you or a family member: Medical Emergency must occur after the start of the semester for which the refund is requested. Pre-existing medical emergencies or conditions are not grounds for a refund (must be supported by a signed statement from attending physician on official letterhead and must include: dates of service, student unable to attend classes and when the student will be able to return to classes)
- 3 Death of the student or immediate family member: Death must occur after the start of the semester for which the refund is requested (Immediate family includes spouse, mother, father, legal guardian, sibling or grandparent. Must be supported by a copy of death certificate or obituary notice)
- 3 Military duty (must be supported by documentation from Military Services Office)

The University will NOT consider fee appeals based on (