

REFUND APPEAL FORM

FOR STUDENT USE

NAME:	STUDENT CWID NO.		
ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE NUMBER:		EMAIL:	
DATE YOU WITHDREW:		FOR SEMESTER	R/YEAR:
CLASS (ES) DROPPED:			
REASONS FOR CONTESTING REFUND NEEDED) Students contesting the refun semesters within one year of the current substantiating reasons for the appeal. require a statement from a licensed madeath in the immediate family can be vestepchild, parent, stepparent, foster parent other reasons must be supported by writing	nd policy may file a refusemester. It is the sturn Withdrawals or reduct nedical physician stating erified with a copy of the nt, parent-in- law, sibling	und appeals form. Red dent's responsibility to ions in course load withdrawal was nece e obituary. Immediate	efund appeals will only be accepted for to provide written documentation due to personal illness/injury essary due to the health of the student; e family includes spouse, child,
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STUDENT'S SIGNATURE	DATE		
RETURN FORM TO: BU	JSINESS OFFICE, 2	276 PATTON LAN	IE, HARRIMAN, TN 37748
<u> </u>	BUSINESS SERVIC	ES USE ONLY	
Refund percentage applicable:		Hours:	Term/Semester:
The refund percentage shown is for refundabl	le fees in compliance with	the Institutional Refund	policy as approved by the TBR
Drop:	Circle one:	Approved	Not Approved
Approved by:		Date:	

CMN - appeal