Tuition/Fee Appeal Statement

Gather supporting documentation to submit with your appeal. Be sure to attach all documentation such as letters from doctors, hospital statements, copy of incorrect or misleading University publication, etc. you feel may support your appeal. For example, a statement from an advisor is needed when an counseling error is the basis of the request; a statement from a medical professional on letterhead and including applicable dates is required when based on a medical condition; an official transcript when stating you were enrolled at a different university.

Required Documents:
For appeals, you must submit **ALL** required documents below:

1. A completed *Tuition/Fee Appeal Statement* explaining the circumstances surrounding your request for an adjustment.
2. A completed *Tuition/Grade Adjustment Appeal Request Form*.

Without supporting documentation, your request will be denied. If the MSU requires additional information from you, a request will be made to the EMAIL address you have provided below.

Clearly state the reason(s) your appeal below. For additional space, reverse side may be used.

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Student Signature: ___________________________  Student CWID #: ___________________________

Email Address: ________________________________  Date: _________________________________
**Tuition/Grade Adjustment Request Form**

Name: ____________________________________________________________

First Name, Last Name

Student ID #_____________________________________________________

Address: __________________________________________________________

(House #, Street) (City, State, Zip)

Home Phone: ___________________________ Cell Phone: _______________________

Email Address: ___________________________________________________

Courses you are appealing:
(Example: ENG-101 Fall 2009 English Comp I)
For additional space, reverse side may be used.

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Student Acknowledgement:

I ___________________________ have read and understand all matters pertaining to the request of an appeal. I am submitting the Tuition/Fee Appeal Statement, Tuition/Grade Adjustment Request Form and supporting documentation to Montclair State University for consideration.

I am requesting:

_____ Tuition Adjustment   _____ Retroactive Withdrawal Request

**Remember:**
- Decisions made are FINAL.
- Any appeal that is missing information will be automatically denied.
- A follow-up phone call is not necessary. You will be notified via mail of the final decision.

Student Signature: ____________________________________________

Student CWID #: _____________________________________________

Email Address: _______________________________________________

Date: ___________________________