**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: WRIT-105, Spring 2017, College Writing 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 email of the final decision.

Student Signature:  Student CWID #:

________________________________________  ________________________________

Email Address:  Date:

________________________________________  ________________________________