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 a 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. A hard copy of any supporting documentation must be provided unless otherwise submitted electronic directly from professor, physician, etc.

**Required Documents:**
For appeals, you must submit the required documents listed 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*.
3. *Third party documentation* supporting your appeal, if applicable.

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

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

_____________________________________________________________________________________
_____________________________________________________________________________________
Tuition/Grade Adjustment Request Form

Name: _______________________________________________________________________
   First Name, Last Name

Student CWID #_______________________

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:
• **ALL decisions are FINAL.**
• **The processing time to have an appeal considered is 8-10 weeks.**
• **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: ____________________________

Revised March 2019