

CHRISTOPHER NEWPORT UNIVERSITY
1 Avenue of the Arts
Newport News, VA 23606-2998

APPEAL OF UNIVERSITY TUITION REFUND POLICY

TO: OFFICE OF STUDENT ACCOUNTS, CHRISTOPHER NEWPORT HALL, ROOM 106

NAME: _____

ADDRESS: _____ ID#: _____

CITY/STATE/ZIP: _____

TERM: _____ HOME PHONE: _____ WORK PHONE: _____

YOU MUST OFFICIALLY DROP THE CLASS THAT PERTAINS TO THIS APPEAL

I hereby request a refund _____ or adjustment _____ for (check all that apply):

1. _____ tuition and fees for _____ credit hours at _____%
2. _____ late payment and administrative fee of \$50
3. _____ other fees _____ of \$_____

I am requesting an exception to the University's published refund policy as stated in the University Catalog due to **MITIGATING CIRCUMSTANCES**. I understand that a separate appeal for Housing must be filed through the University Housing Office.

My reasons for requesting a refund/adjustment are as follows: _____

REQUIRED DOCUMENTATION (DOCTOR'S CERTIFICATE, LETTER FROM EMPLOYER, LETTER FROM ADVISOR, ETC.) MUST BE ATTACHED AT THE TIME THIS FORM IS SUBMITTED. STUDENTS WILL RECEIVE A WRITTEN DECISION WITHIN 2 WEEKS OF SUBMITTING THIS FORM. NO APPEALS WILL BE CONSIDERED AFTER THE LAST DAY OF THE ACADEMIC TERM.

STUDENT'S SIGNATURE _____ DATE _____