Note: Please print and fill out an extra copy for your personal records. ***The Official deadline for submission of a Tuition Appeal Form is the last day of the academic semester.***

LONGWOOD UNIVERSITY TUITION APPEAL FORM

Longwood University will promptly refund tuition and/or cancel a financial charge from a student account provided the student meets Longwood's policy on tuition appeals and submits supporting documentation. Appeals that do not represent a sound basis for reimbursement will be denied. Appeal forms can be obtained at the Office of Cashiering & Student Accounts. For information on the appeal process, please refer to the handbook. Please be advised that filing a tuition appeal does not exempt your account from the assessment of collection and/or late fees when applicable. Please pay tuition and fees when due.

Please complete all items, TYPE or WRITE IN INK.

1. Name (Last, First, Middle)

2. Student ID

3. Address Where You Want the Decision Sent:

4. Telephone Number(s):

Email:
Daytime:
Evening:

5. Term of Appeal:

☐ **Fall Semester Year_____**

☐ **Spring Semester Year_____**

☐ **Summer Semester Year_____ Session #_____**

6. Please list the course(s) and/or charges you wish to appeal.

SUBJ	COURSE	CALL#	CHARGES (If Known)

7. Did you receive financial aid? (Check ONE) If yes, please specify amount and type of aid. ☐ **Yes** ☐ **No**

Note: If you have received Financial Aid, please be advised that you need to contact your Financial Aid Advisor before submitting an Appeal.

Amount & Type of Aid

8. Please indicate the criteria on which you wish to appeal.

- **Extended periods of physical or mental illness**
- **Extended periods of physical or mental illness of immediate family member**
- **Death of an Immediate family member**
- **Involuntary changes in employment schedule or military deployment**
- **Error in academic advising**
- **Transfer credit assignment errors**
- **Late notification of denial to degree program**
- **Institutional errors/delay in processes**
- **Statement from Student Life authorizing medical withdrawal**
- **Administrative difficulties with Internships, placements or practicums**

9. Will you be submitting supporting information, such as a statement from health care provider, employer, or other party?

Yes **No**

Documents attached **Documents will be sent on** _____

All appropriate documentation must be submitted before the appeal will be considered.

10. This space is provided for you to explain the circumstances of your appeal. (attach additional paper as needed)

I acknowledge the information provided in my appeal is in accordance with the Longwood's Standards of Student Conduct .

Signature and Date

Mail form to the following address: Director of Student Accounts – Lancaster Hall, Suite 205, 201 High Street – Farmville, VA 23909