Emporia State University
Petition for Tuition/Fee Adjustment
Controller’s Office

Note: All information required unless noted otherwise. Incomplete forms will result in delayed processing.

This application is for: (Check only one) ( ) Fall 20______ ( ) Spring 20______ ( ) Summer 20______

Salutation (optional): _____ Mr. _____ Ms _____ Mrs. Other: ____________________________

Name: ______________________________________ ESU Student ID: _____________________________

Last _______ First ______ MI

Mailing Address: _____________________________ Daytime telephone #: ___________________________

__________________________________________ Email: _____________________________

City, State Zip

Check the assessment(s) you wish to have reconsidered:

___ Tuition and required fees refund

___ Other fee refund Specify the fee ________________________________________

Appeals must meet one or more of the following criteria to be considered and approved:

a. Written documentation of an illness, accident, injury, or situation which could not be influenced, planned for, or prevented by the student or the institution and which subsequently caused a change in the class schedule, thus changing the assessment. Such written documentation should include the following: a doctor’s note written on his/her letterhead stating any functional limitations based on your diagnosis, an accident report or other reasonable proof, reasonable proof of the death of a close relative or friend and/or written documentation of extenuating circumstances if completely withdrawing from school. Students should follow the withdrawal process outlined in the Undergraduate and Graduate catalogs.

b. Written documentation of substantiated circumstances involving deadlines where a student has in good faith relied on information provided by a named University official, or the official's interpretation of the text of a University document or publication, and was consequently misled or mistaken about its terms.

c. In individual cases and when it is in the best interest of the student and the institution, the Controller may grant an exception that is not deemed to be served appropriately by the exception criteria stated elsewhere in this document.

Attach a written explanation of how your situation fits one of the above criteria and enclose any supporting documentation. An appeal and all pertinent written documentation must be submitted in writing within 25 calendar days of notification of assessment, adjustment, refund or event.

_____________________________________________________________________________________

Student Signature __________________________________________ Date _________________________

Return to: Controller, Emporia State University, Campus Box 4021, 1 Kellogg Circle, Emporia, KS 66801. Call (620) 341-5413 if you have questions.