

Tuition Refund Appeal Application - Section I

Date Submitted: _____

MSUB STUDENT ID NUMBER _____

Name (Please Print) _____

ADDRESS INFORMATION	
SECTION I - CURRENT ADDRESS	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Street Address _____ </div> <div style="width: 35%;"> () Phone Number _____ </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">City _____</div> <div style="width: 15%;">State _____</div> <div style="width: 15%;">Zip _____</div> <div style="width: 40%;">Email Address _____</div> </div>

CIRCUMSTANCES THAT SUPPORT AN APPEAL	
SECTION I - General Information	<p><i>Below are examples of circumstances for which the Refund Appeal Committee will hear an appeal. Students must be officially withdrawn from the class and/or classes for which the appeal is being submitted. Additional information about class cancellation/drops can be found on the Registrar's website. You can also access additional information regarding the tuition refund process on the Business Services website under "Student Account Information." There is a one year limit on filing a refund appeal. Example: If a student is filing an appeal for Fall 2016 term then it must be submitted to MSUB before the official start date of the Fall 2017 term.</i></p> <p>Please check the box(es) to which your refund appeal applies</p>
	<p><input type="checkbox"/> Significant illness or injury that required the student to withdraw from the University. The appeal application must include a copy of the Health Documentation Form completed by the student's licensed health professional. The Health Documentation Form can be found at the bottom of the tuition refund information page or by copying and pasting the following URL http://www.msubillings.edu/boffice/refund_withdraw_policy.htm into a web browser.</p>
	<p><input type="checkbox"/> Significant illness or injury of an immediate family member that required the student to withdraw from the University. The appeal application must include a letter from a licensed health professional listing the medical issues of the family member and the student's role as caregiver. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, legal guardian, or other person who stands in place of a parent. Please DO NOT include detailed medical documentation such as current medications, x-rays, photos of an injury, or other documents related to the immediate family member's condition.</p>
	<p><input type="checkbox"/> Death of an immediate family member or guardian. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, legal guardian, or other person who stands in place of a parent. The appeal application must include documentation of death (i.e., death certificate or obituary) and the student's relationship to the deceased.</p>
	<p><input type="checkbox"/> University error. The appeal application must include confirmation regarding the nature/circumstances of the error which prevented the student from dropping the class in a timely fashion. Advising, or other academic department processing issues, are not considered a university error. Official communication from a college office must be submitted on the College's official letterhead.</p>

STUDENT ACKNOWLEDGEMENT/SIGNATURE	
SECTION I - Student Review and Signature	<p>All tuition refund appeal applications must include a "Letter of Appeal" written by the student that describes the reason(s) and justification for the refund appeal. The student's letter must include applicable documentation as noted above. By signing below, the student confirms the inclusion of a "Letter of Appeal" and applicable documentation to this Tuition Refund Appeal application.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Student Signature _____ </div> <div style="width: 35%;"> Date Submitted _____ </div> </div>

Tuition Refund Appeal Application - Section II

MSUB STUDENT ID NUMBER _____

Name (Please Print) _____

TERM AND COURSE INFORMATION					
SECTION II - COURSE INFORMATION	Term for appeal* _____ Year _____				Completed by Committee <input type="checkbox"/> Appeal has been reviewed with student <input type="checkbox"/> Letter of Appeal submitted <input type="checkbox"/> Supporting documentation included <input type="checkbox"/> Courses have been dropped <input type="checkbox"/> Courses have not been graded (Appeal can be processed for courses with grade of W) <input type="checkbox"/> Comments placed on TGACOMC _____ Staff Signature
	Subject	Course No.	Section No.	Credit	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
* There is a one year limit on filing a refund appeal. See page one for more information.					

Section II - Appeal Submittal	SUBMITTING THE APPEAL
	Completed appeals can be submitted directly to the Business Services Office, Basement of McMullen Hall, or mailed to: Montana State University Billings Attn: Business Services Office 1500 University Drive Billings, MT 59101 Fax: 406-657-2051

SECTION II - FOR OFFICE USE ONLY	REFUND APPEALS COMMITTEE DECISION
	_____ Denied _____ Approved Percentage _____% Effective Date of Approval: _____ Committee Member Signature: _____ Date of Signature: _____ Committee Member Notes: _____ _____ _____
	Business Service Office Review - Completed after refund Appeals Committee meeting
	TSAAREV Reviewed _____ Tuition Above Flat Rate needs adjusted (Y/N) _____ SOAHOLD Reviewed (AG and/or WR) _____ Date Completed: _____ Effective Month: September 17