**The University of Southern Mississippi**

**Appeal for Tuition Charges**

Instructions: Print and complete form. Attach any appropriate documentation and send to: Appeals Committee

Business Services

118 College Drive #5133

Hattiesburg, MS 39406-0001

|  |  |
| --- | --- |
| Name: | Student ID: |
| Address: | Phone #: | Email: |

|  |  |
| --- | --- |
| TERM FALL SPRING SUMMER YEAR  |  |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS:** |
| Did you attend any classes during the term covered by this appeal? If no, request each instructor to confirm this fact by emailing confirmation to barbara.madison@usm.edu .Please explain below why you did not attend any classes. | YES | NO |
| Were you enrolled at another institution during the term covered by this appeal? If yes, attacha certification of enrollment from the Registrar’s Office of the institution you attended. | YES | NO |
| Are you requesting an exception due to extraordinary circumstances, such as illness or death in family? If yes, you **MUST** attach any supporting documentation, such as a letter from your doctor (with specific dates), obituary or copy of a death certificate and explain below. | YES | NO |
| Are you requesting an exception due to University error? If yes, **MUST** attach a letter from the department that made the error, and explain below. | YES | NO |

**PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT YOUR APPEAL IN THE SPACE BELOW** (you may attach additional

pages, if necessary):

**Student Signature Date**

**Committee: Review Date**

**Decision: APPROVED DENIED**