

Indicate TERM & YEAR
of appeal:

_____ YEAR

- ____ Fall
____ Wintersession
____ Spring
____ Maymester
____ Summer I
____ Summer II

*Once application and letter of justification are completed, please forward to:
Attn: Holly Whittington
700 University Ave ~ Monroe, La 71209
whittington@ulm.edu
318-342-3438 (fax)

STUDENT TUITION AND FEES APPEAL APPLICATION

Last Name First Middle CWID Date of Birth

Street Address City State Zip Home Phone Cell Number

Did you receive a refund from excess financial aid awarded during the semester appealing? Yes No
** If YES, the entire refund received for the semester appealing will need to accompany this appeal. **

IMPORTANT: PLEASE READ BELOW

Attach a signed statement giving your justifications for requesting an appeal to the Student Tuition and Fees Appeal Committee. The undersigned certifies that all information submitted is true and correct and fully understands that false or misleading information will subject the student whose signature appears below to dismissal from ULM.

Signature of Student _____ Date _____

Allowable reasons for an appeal (Check One)

- ____ **Severe illness or injury**
Medical documentation from physician / hospital required stating that the illness or injury will/did render the student unable to complete course.
- ____ **Death of an immediate family member**
Death Certificate / Obituary stating relationship
- ____ **Military / national defense**
Copy of official military orders required
- ____ **Natural disaster / traumatic event**
Provide explanation why the event caused you undue hardship
- ____ **Extenuating university circumstances**
Signature of university faculty/staff responsible for or with knowledge of circumstances required below. Attached detailed statement with official signature required.

University faculty/staff signature Date

Student Signature _____ Date _____

Email Address _____

*Please note that the committee's decision is final and will be communicated to you via the email address above; **print legibly.***