



OFFICE OF THE REGISTRAR
(260) 481-6815 * FAX (260) 481-6110

Application for an Appeal of Fees - Guidelines

University refund policy is published in the *Schedule of Classes, Bulletins and on web pages of the university* and states: **“Requests for exceptions to the refund schedule are considered only to resolve problems that have resulted from documented errors made by university representatives or other circumstances that are clearly the responsibility of IPFW. Requests and supporting documentation must be received by the registrar’s office within the first two weeks of classes. After this, all refunds will be determined by the published schedule”.**

Students may complete the application for appeal of fees **only if** there are significant or unusual circumstances outside of their control that cause their **involuntary** withdraw from any or all classes.

Students receiving financial aid may be required to repay any and all aid applied to the account if classes are dropped and/or an appeal is granted. If you are receiving any type of financial aid you will need to contact the Financial Aid office (260) 481-6820 or finaid@ipfw.edu to consult a Financial Aid advisor regarding how filing an appeal with our office may affect your aid.

An appeal request **must** be submitted by the student. Appeals submitted by a parent or legal guardian will be accepted only in circumstances where the student may be mentally or physically unable.

The Refund Appeals Committee meets on a monthly basis (**or as necessary during the summer**) to review student requests for exceptions to the university refund policy. An exception to the refund policy will be considered when this appears to be an appropriate response to a student’s personal emergency. This is a procedure to request an exception and approval is not “automatic.” Each request will be considered on its own circumstances and merits.

In order for a request to be reviewed by the committee, please provide the following information:

- A signed and completed application for appeal, from the student, which includes student identification number, student current address, and explains the circumstances related to the request. (see application on next page)
- Documentation which supports the request. (See application on next page for detailed explanation)

The written statement and documentation must be delivered to the Registrar's Office in person, through the mail, or via fax (260) 481-6110. **We reserve the right to verify all documentation received for this purpose.**

PROCESSING: An application for an appeal will be considered only after the committee has been provided with the written request from the student and acceptable documentation. Requests will be reviewed by the “Refund Appeals Committee” on a monthly basis. A letter stating if the appeal has been approved or denied will be sent to the student and a copy sent to the Bursar’s office.

Submit completed form to:
IPFW Office of the Registrar

Attn: Appeals Committee
2101 E Coliseum Blvd
Fort Wayne IN 46805

Or

Fax: (260) 481-6110

Or

The Registrar Drop Box located at the Office of the Registrar, Kettler Hall, Room 107



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Application for an Appeal of Fees

Date: / / IPFW Student ID: 900 - - (required)
 MM DD YYYY

Name: _____
Address: _____

Phone: () _____

“Please mark an “X” to acknowledge step has been completed”

Semester for which you are appealing: _____

The course(s) I wish to appeal are in a “dropped” status in registration for the semester requested.

 Course(s) I wish to appeal: _____

A grade of “W” or “F” is posted on my transcript for the course(s) I wish to appeal.

Supply appropriate supporting documentation:

 _____ **Medical** – A written statement from your doctor on letterhead stationery in support of your appeal that provides dates under their care. **No other type of documentation will be accepted** i.e.; notes on prescription paper, insurance statements, receipts or discharge papers.

 _____ **Employment** – A statement from your employer on company letterhead in support of your appeal advising of your need for travel/increased work load/relocation/etc.

 _____ **Death** – A copy of the death certificate, obituary, or proof from the funeral home.

 _____ **University Error** – Supporting documentation can be sent from the department, advisor, or instructor to registrar@ipfw.edu from their IPFW email account, on letterhead via mail or fax.

(Please complete the next page)

In the space below (or in an attachment), please provide an explanation as to why you are appealing.

Acknowledgement of Understanding: By signing below, I verify that I have read and understand the appeal guidelines.
(Unsigned applications will NOT be reviewed or considered)

Student Signature: _____ **Date:** ____/____/____