



**Withdrawal and Refund Appeal
INSTRUCTIONS FOR SUBMITTING A REQUEST FOR EXCEPTION**

Students submitting a request for exception are subject to Policy 4D2-Tuition and Fee Refund Policy Procedures. Questions should be directed to the Service Center, 618-650-2080 or servicecenter@siue.edu.

A complete request must include the following:

- 1. A completed, *signed*, and dated Withdrawal and Refund Appeal form; *and*
- 2. A one-page TYPED detailed personal statement including the desired outcome of the appeal; *and*
- 3. Relevant and supporting documentation that pertains to the time period at issue.

Requests without a completed Withdrawal and Refund Appeal form, typed statement and supporting documentation will not be reviewed.

A request for an exception must meet the following criteria:

- The deadline to submit an appeal to the University is ONE CALENDAR YEAR from the end of the semester in question.
- A direct “cause and effect” relationship can be demonstrated between the extenuating circumstances and the student’s ability to successfully complete coursework or attend classes.
- Circumstances experienced and their resulting impact were unforeseeable and/or could not have been reasonably prevented during the semester in question.
- ***Relevant documentation must be furnished from an appropriate authority to support the claim.*** Documentation must be signed and on official letterhead of the issuing authority and include the contact information for this authority. SIUE reserves the right to verify the validity of submitted documentation. See below for examples of supporting documentation:

Reason	Examples of Relevant and Supporting Documentation
Medical Issue	A signed letter on letterhead from a physician/counselor/medical provider stating 1) the date(s) of the onset and duration of the condition and (2) how the condition impaired your ability to continue/complete courses. Please <u>DO NOT</u> send hospital discharge papers, medical records, medical bills, or photos of injury/surgery.
Military Duty	Deployment orders detailing a call to active duty for a period of six months or longer.
Death of Immediate Family Member	Death certificate or obituary. The submitted documentation must show date of death and family relationship. Immediate family member is defined as parent, grandparent, spouse/partner, sibling, or child.

- *The following issues cannot be addressed through the request for exception by the Withdrawal and Refund Appeals Committee:*
 - Satisfactory Academic Progress appeals for Financial Aid. Contact the Student Financial Aid Office for information regarding that process.
 - Disputes regarding letter grades assigned by faculty.
 - Complaints about class instruction or curriculum. Contact the relevant academic department.
 - Request for retroactive withdrawal and/or tuition credit on the basis of job obligation or change in employment responsibilities.
 - Appeals based on financial hardship will not be reviewed. Exceptions to the withdrawal deadlines and refund policies will not be made based on student and/or family financial constraints. Inability to have financial aid in place at the start of the term is not grounds for exception to the refund or withdrawal policies.

Multiple appeals for the same circumstances will not be considered. Appeals that are reviewed are done so as a one-time exception request. If an appeal is approved, future requests for extensions of registration, withdrawal, and refund deadlines will not be approved, absent significant exceptional circumstances. All committee decisions are final.

Mail, fax, or deliver your Withdrawal and Refund Appeal form, typed personal statement, and documentation to:

SIUE – Service Center
Box 1080, Edwardsville IL 62026

Fax: 618-650-2081
Located in Rendleman Hall 1309

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

**REQUEST FOR EXCEPTION
Withdrawal and Refund Appeal Form**

Office of the Registrar – Service Center
Box 1080, Edwardsville, IL 62026
Fax: 618-650-2081 servicecenter@siue.edu

Please print:

Student Name _____ **Student ID: 800** _____

Address _____ **Phone** _____

_____ **eID** _____
City State ZIP

Term: (circle term and fill in year) **FALL** **SPRING** **SUMMER** _____
Year

LIST COURSES WHICH SPECIFICALLY RELATE TO THIS REQUEST:

CRN	Department	Course Number	Section Number	Credit Hours

DID YOU RECEIVE FINANCIAL AID FOR THE ABOVE TERM? (Circle one) **YES** **NO**

*Notice to Financial Aid recipients: any changes in enrollment may result in a retroactive adjustment in any financial aid awarded.

Required Documentation:

- This completed, *signed*, and dated Withdrawal and Refund Appeal form; *and*
- A one-page **TYPED** detailed personal statement, including desired outcome of the appeal; *and*
- Relevant and supporting documentation that pertains to the class period at issue. For additional guidance please refer to “Instructions for Submitting a Request for Exception.”

Additional Information:

- Forms submitted without explanation and supporting documentation **WILL NOT BE PROCESSED.**
- The deadline to submit an appeal to the University is **ONE CALENDAR YEAR** from the end of the semester in question.
- Multiple appeals for the same circumstances will not be considered. Appeals that are reviewed are done so as a one-time request. If an appeal is approved, future requests for extensions of registration, withdrawal, and refund deadlines will not be approved, absent significant exceptional circumstances.
- **COMMITTEE DECISIONS ARE FINAL**

I certify that the information I have submitted is complete and accurate.

Student Signature

Date

Please allow approximately **six to eight** weeks from the time of submission of all documentation for a decision.
Note: Submission of a request does not suspend billing activity.