UNIVERSITY OF KENTUCKY

Undergraduate Admissions and Registrar
Room 10 Funkhouser Building
University of Kentucky
Lexington, KY 40506-0054
FAX: (859) 257-7160

TUITION AND FEES APPEAL

Please print clearly.

Name:_____ Email _____

Student ID Number: _____ Date _____

Address: _____

_____

Phone: _____ Signature:_____

Terms in question:
- ☐ Fall: _____ (year)
- ☐ Spring: _____ (year)
- ☐ First Summer Session: _____ (year)
- ☐ Second Summer Session: _____ (year)
- ☐ Winter: _____ (year)

Instructions: **PLEASE READ**. Please provide a detailed description of your reason why a refund should be considered. You must also attach documentation that supports your claim. You may attach additional pages if necessary. After we have reviewed your appeal, we will notify you of our decision via the email address above so please be sure you list an email account that you check daily. Failure to provide a detailed description may require that we contact you for additional information, thereby delaying the decision, so please be as complete as possible. More information is available at: http://www.uky.edu/Registrar/appeal.htm

Check one of the following options:

☐ I choose to make a personal appearance. I understand that I will be contacted via the email above to set up an appointment.

☐ I choose to make a written appeal. I have attached supporting documentation. My appeal is:

_____

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