



TUITION/FEE APPEAL

Name _____ Student Signature _____

SS# or Student # _____

Address _____

Phone (_____) _____ Student Email _____

Date _____ Year _____

Terms in Question:

- Fall _____ (Year)
- Winter Intersession _____ (Year)
- Spring _____ (Year)
- First Summer Session _____ (Year)
- Second Summer Session _____ (Year)

Appeal Reason:

Please provide the Tuition Appeals Committee a detailed description of your reason why a refund should be considered. **It is very important to attach any supporting documentation with this form to support your appeal.** After the Committee receives this form and documentation, it will be carefully reviewed and a decision made. The Committee will let you know the results usually within two to three weeks. Attach additional pages if necessary. **Completed tuition appeals must be submitted and received by the Office of the Registrar no later than one (1) year after the end of the semester being appealed.**

My appeal is (be specific as to the reason for the request and the course(s) being appealed):

Return all materials to:
University of Kentucky
Tuition Appeals Committee
c/o Registrar's Office
10 Funkhouser Building
Lexington, KY 40506-0054
Phone: 859.257.7157
E-mail: srcoop2@uky.edu
FAX: 859.257.7160