

APPEAL TO THE FEES AND WAIVERS COMMITTEE

Name _____

Date _____

Address _____

Student No. _____

E-Mail _____

Telephone No. _____

Case No. _____

Please mark the reason for your appeal:

___ The fee petition denial should be reconsidered because of one of the following:

- medical reasons
- a death in the family
- University error
- an unexpected, extenuating circumstance

Documentation is included to support my request.

___ I was not withdrawn from my classes at the time of my original petition and have now done so. I would like my case reviewed again. Documentation is included to support my request.

___ I am requesting to submit a fee petition for a previous semester. Documentation to support my request and an explanation for the delay in my petition are attached.

I certify that the information on this Appeal to the Fees and Waivers Committee for tuition reassessment is correct and that the information provided on my petition is still accurate.

Signature

***NOTARIZATION** (Required only if additional information is submitted.)

Subscribed and sworn to (or confirmed before) me this _____ day of _____

20____, at _____, _____

City State

My Commission expires:

Notary Public

RETURN TO: Office of the University Registrar
The University of Kansas
KU Visitor Center
1502 Iowa St.
Lawrence KS 66045-1910
785-864-4472
Fax: 785-864-3900
Email: assessment@ku.edu