

APPEAL TO THE FEES AND WAIVERS COMMITTEE

Name _____

Date _____

Address _____

Student No. _____

Telephone No. _____

E-Mail _____

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___ I was not withdrawn from my classes at the time of my original petition and have now done so.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.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Student Signature

Date

RETURN TO: Office of the University Registrar
The University of Kansas
KU Visitor Center
1502 Iowa St.
Lawrence KS 66045-1910
785-864-4423
Fax: 785-864-3900
Email: registrar@ku.edu