



Tuition/Grade Adjustment Request Form

Name: _____
First Name, Last Name

Student CWID # _____

Address: _____
(House #, Street) (City, State, Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Courses you are appealing:
(Example: WRIT-105, Spring 2017, College Writing I)
For additional space, reverse side may be used.

Course Number	Term	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Acknowledgement:

I _____ have read and understand all matters pertaining to the request of an appeal. I am submitting the Tuition/Fee Appeal Statement, Tuition/Grade Adjustment Request Form and supporting documentation to Montclair State University for consideration.

I am requesting:

_____ Tuition Adjustment _____ Retroactive Withdrawal Request

Remember:

- *ALL decisions are FINAL.*
- *The processing time to have an appeal considered is 8-10 weeks.*
- *A follow-up phone call is not necessary. You will be notified via email of the final decision.*

Student Signature:

Student CWID #:

Email Address:

Date:

