

Office of the Student Accounts Red Hawk Central Office: (973) 655 - 4105 Fax: (973) 655 - 5486 Email: appeal@montclair.edu

Tuition/Fee Appeal Statement

Gather supporting documentation to submit with your appeal. Be sure to attach all documentation such as letters from doctors, hospital statements, copy of incorrect or misleading university publication, etc. you feel may support your appeal. For example, a statement from an advisor is needed when a counseling error is the basis of the request; a statement from a medical professional on letterhead and including applicable dates is required when based on a medical condition; an official transcript when stating you were enrolled at a different university. A hard copy of any supporting documentation must be provided unless otherwise submitted electronic directly from professor, physician, etc.

Required Documents:

For appeals, you must submit the required documents listed below:

- 1. A completed *Tuition/Fee Appeal Statement* explaining the circumstances surrounding your request for an adjustment.
- 2. A completed *Tuition/Grade Adjustment Appeal Request Form*.
- 3. *Third party documentation* supporting your appeal, if applicable.

Without supporting documentation, your request will be denied. If MSU requires additional information from you, a request will be made to the <u>EMAIL</u> address you have provided below.

Clearly state the reason (s) for your appeal below. For additional space, reverse side may be used.



Tuition/Grade Adjustment Request Form

Name:		
	First Name	e, Last Name
Student CWID #		
Address:		
	(House #, Stre	et) (City, State, Zip)
Home Phone:		Cell Phone:
Email Address:		
<u>Courses you are app</u> (Example: WRIT-10) For additional space	<u>bealing:</u> 5, <i>Spring 2017, Colle</i> e, reverse side may b	<i>ge Writing I)</i> e used.
Course Number	Term	Course Title
Student Acknowleds	gement:	
I request of an appeal. Request Form <u>and</u> su	I am submitting the T	have read and understand all matters pertaining to the Fuition/Fee Appeal Statement, Tuition/Grade Adjustment on to Montclair State University for consideration.
I am requesting:		
Tuition Adjus	stment	Retroactive Withdrawal Request
<u>Remember:</u>		
-	ng time to have an ap	peal considered is 8-10 weeks. ssary. You will be notified via email of the final decision.
Student Signature:		Student CWID #:
Email Address:		Date:
Revised March 2019		