

THE UNIVERSITY OF MISSISSIPPI  
Appeal for Exception to Tuition Refund Policy

This space is for Refund Committee use only.  
APPEAL NUMBER \_\_\_\_\_

INSTRUCTIONS: Complete form, attach any appropriate documentation and send to:  
Refund Committee  
Office of the Bursar  
P.O. Box 1848  
University, MS 38677  
Fax: 662-915-5097

Please print or use computer to complete this form

\_\_\_\_\_  
(NAME: Last – First – MI)

\_\_\_\_\_  
(Student ID Number)

\_\_\_\_\_  
(Address – for mailing notification of Committee’s decision)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Email address )

\_\_\_\_\_  
Phone Number (daytime)

TERM (Circle only one): FALL SPRING *Intersession* May / August / Winter Full *Summer* 1<sup>ST</sup> Term 2<sup>ND</sup> TERM YEAR: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING “YES” OR “NO”:**

Did you attend any classes during the term covered by this appeal? If no, request each instructor to confirm this fact by emailing to the following address: <mailto:bursar@olemiss.edu> . YES NO  
Please explain below why you did not attend any classes.

Were you enrolled at another institution during the term covered by this appeal? If yes, attach a certification of enrollment from the Registrar’s Office of the institution you attended. YES NO

Are you requesting an exception due to extraordinary circumstances, such as illness or death in the family? YES NO  
If yes, you **MUST** attach any supporting documentation, such as a letter from your doctor (with specific dates), obituary, or copy of a death certificate and explain below.

Are you requesting an exception due to University error? If yes, **MUST** attach a letter from the department that made the error, and explain below. YES

**PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT YOUR APPEAL IN THE SPACE BELOW** (you may attach additional pages, if necessary):

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The deadline to file an appeal is one year from the beginning of the semester affected. Complete appeals submitted by the 10<sup>th</sup> of the month will be heard at the end of the month. Students will be notified by mail of the Committee’s decision.

COMMITTEE: Review Date: \_\_\_\_\_ Decision: Approved Denied

Form RC10-20-00