Financial Policy Appeal Form

Office of Student Affairs
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 607-9448 • Fax (909) 607-7285

Policies on tuition refunds are established to comply with federal regulations for institutional eligibility to administer financial aid and other government programs as well as to maintain fiscal accreditation standards. Exceptions to these policies should be requested/made only in the most exceptional of circumstances and only with complete, supporting documentation.

Submit this form, along with all appropriate and supporting documentation, to the Registrar’s Office. Appeals affecting tuition require approval of the dean. Campus fees are not tuition. If you are a recipient of financial aid, IT IS YOUR RESPONSIBILITY to determine what impact any changes you request would have on your eligibility for aid.

Do not submit appeals for charges that have not yet been assessed to your student account. Fees assessed by non-CGU entities (Honnold Library, etc.) must be appealed direct to the entity that charged the fee.

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<tr>
<th>Semester/Year</th>
<th>CGU ID# 254—</th>
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**STUDENT INFORMATION**

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<tr>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>Academic Department</th>
<th>Degree Program</th>
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Your Mailing Address
___________________________________________________________________________________
___________________________________________________________________________________

E-mail Address
________________________________________

Financial Policy/Issue
___________________________________________________________________________________

Reason (Attach a statement or additional sheets as needed)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student’s Signature ________________________________________ Date ________________________

APPROVAL OF DEAN — REQUIRED FOR ALL REQUESTS INVOLVING TUITION

Dean’s Signature ________________________________________ Date ________________________

□ Approved  □ Denied  □ Other

DISPOSITION

Signature ___________________________ Date ________________________