FEE ADJUSTMENT REQUEST FORM

Florida Gulf Coast University will approve a refund of 100% of the tuition and fees if a student withdraws or drops a course due to circumstances determined by the University to be exceptional and beyond the control of the student. No fee appeal will be reviewed in the absence of withdrawal from class or classes. Requests for a waiver must meet one of the conditions listed below to be considered. The student must complete the student sections below and return the form to the Office of the Registrar. Notification of the committee's decision will be mailed within three weeks.

___ ___ ___ - ___ ___ - ___ ___ ___ ___
University Identification Number

_____
Term and Year of Registration

_____
Last Name First Middle

_____
Street Address City State Zip

Complete the following:

A. Have you already submitted a request for withdrawal or drop/add form for the course(s) below?
___ Yes ___ No *If No, complete the appropriate form and attach.* ___ Attached

B. Have you filed a late withdrawal or grade appeal request with the appropriate college in conjunction with the fee adjustment request? ___ Yes ___ No

C. Have you received financial aid (Loan, Grant, Scholarship, etc.) or Veterans' Educational Benefits for the term?
___ Yes ___ No

Check the condition(s) which apply to this request.

___ Repeat Surcharge. Is this appeal only for a repeat surcharge? _____ Course(s) and terms taken_____ _____

___ Illness of such severity/duration that precluded completion of the course(s) as confirmed in writing by a physician.

___ Death of the student or an immediate family member (parent, spouse, child, or sibling) that precludes the completion of the course(s) as confirmed by documentation indicating the student's relationship with the deceased. If deceased has different last name, please provide connection documentation.

___ Involuntary call to active military duty as confirmed by military orders.

___ University error as confirmed in writing by an appropriate University official or by an appropriate official University document.

___ Other documented exceptional circumstances beyond the control of the student that precludes completion of the course(s) accompanied by a letter of explanation and supporting documentation.

List all course information for which fee adjustment is requested.

Course Reference #	Course Subject Code and #	Hours	Course Reference #	Course Subject Code and #	Hours

Sign and submit this form with your detailed explanation and documentation to the Office of the Registrar. Corroborating letters or memoranda must be on appropriate letterhead. By signing below you acknowledge your understanding that an approved fee adjustment could negatively impact your financial aid and that the decision of the committee is final.

_____ _____
Student Signature Date

___ Disapprove
___ Approve
___ More Documentation

_____
Date

Office Use Only

Committee Signatures

Registration _____
Financial Aid _____
Controllers _____
Student Rep. _____
Student Affairs _____