REFUND COMMITTEE APPEAL FORM

The University Refund Policy explains situations in which a student is eligible for a refund of tuition and fees. If a student is not eligible for a refund based on the current policies, that student has the option to request a review by the University Refund Committee. It is the student’s responsibility to provide the completed appeal form and written supporting documentation from a reliable source. If the request involves a health-related matter, documentation from the attending physician is strongly recommended. The committee will not review cases that are over one year old. If the student never attended the class(es) for which they are appealing, undergraduate students may contact the University Registrar’s Office and graduate students may contact the Graduate School.

Please return this completed form and supporting documentation to
UNCG Cashiers and Student Accounts Office
1202 Spring Garden Street, Greensboro, NC 27412 ~ 151 Mossman Building, Campus
Phone (336) 334-5831 ~ Fax (336) 334-4178 ~ cashier@uncg.edu

Name: ___________________________ Student ID Number: ___________________________
Mailing Address: ________________________________________________________________
City: __________________ State: _______ Zip Code: __________________
Phone Number: __________________ E-Mail Address: ___________________

Please respond to the following:  
(1) Semester for requested refund: ___________________________
(2) Last date of class attendance: ___________________________
(3) Are you an Undergraduate or Graduate? (Please circle one)
(4) Is this your 1st semester at UNCG? Yes or No (Please circle one)

Reason for request (attach additional pages, if necessary): ___________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Student’s Signature: ___________________________  Date: ___________________________