

**GRADUATE/CONTINUING EDUCATION
REFUND POLICY APPEAL FORM**

Today's Date: _____

NOTE:

- Official withdrawal ("W") from course in question **must** be done, at the Registrar's Office, prior to filling out this refund policy appeal form.
- Student must complete and submit this form, **no later than 30 days** after withdrawal from course in question, to the appropriate office.***
- In order to be **considered** for a refund, student must demonstrate fault on behalf of the University or provide medical documentation to justify the course withdrawal.
- Adjustments to withdrawal dates and tuition & fee charges may impact financial aid eligibility, which may result in the need for students to return any financial aid that has already been refunded to them.

Semester in which you took the course(s) _____ Academic Year: _____
(Circle one) *Fall / Winter Session / Spring / Summer I / Summer II / Institute*

Full Name: _____
 Last First M.I.

Address: _____
 Street Address Apartment #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

7 Digit SSC ID #: _____

4 Digit Reg #	Course No.	Course section	Title	# of Credits	Instructor

Form of Payment (Circle one): Cash - Credit Card – Check - Financial Aid - Payment Plan

On the back of this form, please explain your situation and include your specific request with as much detail as possible. Please attach necessary documentation.

*****Please submit this completed form along with any relevant documentation to: Judy Mudd, Sullivan Building 113 (for Graduate courses) or Kathleen McIsaac, Sullivan Building 112 (for Continuing Education courses), Salem State University, 352 Lafayette Street, Salem MA 01970. You may also submit via fax: 978-542-7215.**

Signed _____ Date _____