KU STUDENT SUCCESS
Office of the University Registrar

APPEAL TO THE FEES AND WAIVERS COMMITTEE

Name_____ Date_____

Address_____ Student No._____

_____ Telephone No._____

E-Mail_____ Case No._____

Please mark the reason for your appeal:

___ The fee petition denial should be reconsidered because of one of the following:
- medical reasons,
- a death in the family,
- University error,
- or an unexpected, extenuating circumstance.

Documentation is included to support my request.

___ I was not withdrawn from my classes at the time of my original petition and have now done so. I would like my case reviewed again. Documentation is included to support my request.

___ I am requesting to submit a fee petition for a previous semester. Documentation to support my request and an explanation for the delay in my petition are attached.

I certify that the information on this Appeal of Tuition and Fee Assessment is correct and that the information provided on my fee petition is still accurate.

_____
Signature

*NOTARIZATION (Required only if additional information is submitted.)

Subscribed and sworn to (or confirmed before) me this _____ day of _____

20__, at _____, _____
City State

My Commission expires:

_____ _____
Notary Public

Return to: Office of the University Registrar, ATTN Cayce Jayaraman, 1450 Jayhawk Blvd 151 Strong Hall, Lawrence KS 66045-1910. (785) 864-4472.