



Administrative Appeals Request

NOTE: Appeals must be submitted within one year from the end of the term that is in question.
(For example, if a student wishes to appeal an issue from spring 2015, the student has until the end of spring 2016 to submit an appeal for review).

Name: Jane Doe Semester Appealing: Spring 2015

Student ID #: 000##### Phone: 812-111-1111

Email: JaneDoe@eagles.usi.edu

Mailing Address: 123 College Street

City, State, Zip Anywhere, IN 88888

Is this a second appeal to a prior Administrative Appeals Request? Yes ___ No X

NOTE: Second Appeal requests must be received within 90 days from the date on your first Administrative Appeal denial letter.

Describe administrative policy that was misapplied:

Schedule revision policy and procedures per USI Registrar's web site

What remedy are you seeking (by course):

75% refund of tuition for MATH 100 (50% already refunded to me)
 75% refund of tuition for BIOL 105 (50% already refunded to me)

Your rationale:

I signed up for three evening classes for the spring 2015 semester. After attending only the first two weeks of class, my work schedule changed and I knew I would no longer be able to attend two of the three classes. I went to see the two instructors and my advisor, on the Friday of the second week of class to have my drop slip signed. But getting the signatures took longer than I thought and I had to leave campus to get to work. My advisor told me she would take the form to the Registrar's Office for me but did not take the form to the Registrar's Office until the following Monday (see attached copy). I filled out the drop form in time to get a 75% refund of my tuition; however, by the time the drop was actually processed I could only receive a 50% refund. I realize it was my responsibility to make sure the drop form was processed but I would like to appeal to the committee for the additional 25% refund of my tuition. Thank you.

If you need additional space, continue on Page 2.

Additional information:

Please be sure to attach any supporting documents regarding this appeal.

Signature: _____
Must be signed by student

Date: _____

Print the original document and submit by email, mail, deliver or fax to:

ADMINISTRATIVE APPEALS COMMITTEE
Robert D. Orr Center, Room 1038
Enrollment Management
8600 University Boulevard
Evansville, IN 47712
usi1adappeal@usi.edu
Fax: 812-464-1797

FOR OFFICIAL USE ONLY:

Date Appeal Received: _____ Date Presented to Committee: _____

Appeal Outcome: APPROVED DENIED First Term: _____ Appealing Term: _____

Additional Information: _____