



Request to Review/Appeal Charge

Applicant's Name _____ Student ID _____

Delaware Valley University email address: _____

Request for appeal of (check box or boxes):

- Tuition & Fees, Late payment fee, Late registration charges, Withdrawal fees, Other: _____

Note: The appeal committee will notify you of its decision. All decisions are final and are not subject to further appeal.

- Instructions: 1) Read the appeal policy and guidelines at www.delval.edu/appeals. Please specifically note the list of reasons the university will not consider appeals. 2) Complete this form and submit to the bursar's office on the 2nd floor of Lasker Hall or email appeal@delval.edu from your DelVal email. All fields on the form are required. 3) Missing or incomplete information will result in rejection of your appeal submission. 4) Be precise and specific in giving your reasons for this request, including why you believe an exception to a policy is justified. 5) All supporting information must be attached or your application cannot be considered. (i.e. statement from advisor if appeal is based on an advising error, proof of satisfactory financial arrangements made by the due date when disputing a late fee) *Please note that late fee appeals will not be considered if the necessary satisfactory financial arrangements have not been completed and the student account still shows an outstanding balance of greater than the late fee charge.

I am requesting a ___ refund or ___ credit in the amount of \$ _____ charged for the _____ term or on the following date _____. This request is based on the following reasons. Use additional paper as needed.

By signing you are certifying and agreeing that you read the appeal guidelines and that information you have provided in this appeal is true and accurate and that the decision made the appeals committee is final.

Signature _____ Date _____

Office Use Only: Date Received _____ Date Processed _____ ___ Granted ___ Partially Granted ___ Not Granted