

**THE UNIVERSITY OF MAINE
STUDENT RETROACTIVE REFUND APPEAL**

REFUND POLICY APPEALED (CHECK ONE):

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ADD/DROP REFUND POLICY

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WITHDRAWAL REFUND POLICY

PLEASE PRINT

Part A - To be Completed by Student

I hereby request the Bursar or designee to grant an exception to the established refund policy based on the circumstances outlined in my attached written statement.

Student's Name (print)

Social Security Number

Student's Signature

Date

Address: _____

Phone#: _____

Part B - Financial Aid Review (if applicable)

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APPEAL HAS NO EFFECT ON FINANCIAL AID

DATE: _____

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FINANCIAL AID WILL BE AFFECTED AS FOLLOWS:

FINANCIAL AID OFFICE CONTACT/SIGNATURE

Part C - To be Completed by University Administrator

TERM: ☐ FALL ☐ SPRING ☐ SUMMER ☐ , YEAR

CRN #(S) _____ CREDIT HOURS _____

COURSE DESIGNATOR(S) _____ EFFECTIVE DATE: _____

RECOMMENDATION:

Printed Name and Title

Signature of Administrator or Designee and Date

Part D - To be Completed by Bursar or Designee

Appeal is: ☐ Approved

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Not Approved (See Remarks)

DISPOSITION OF APPEAL AND REMARKS:

Bursar or Designee and Date

Distribution: Original - Bursar, Copy - Student, Copy - Originating Office (Disposition Copy) Copy - Origination Office (File Copy)

Revised 10/10/02