

CLASSES MUST BE WITHDRAWN BEFORE SUBMITTING FORMS

YOU MUST COMPLETE AND SUBMIT THE TUITION CHARGE APPEAL FORM ALONG WITH THIS FORM

TUITION CHARGE APPEAL NON-ATTENDANCE FORM



WESTERN MICHIGAN UNIVERSITY

1903 W Michigan Ave

Kalamazoo, Michigan 49008-5207

Phone: 387-4230

Students: Please complete the student section of this form and request that your instructor complete the instructor section of this form. Your instructor needs to return this form to our office. You may have to contact the department to reach your instructor.

*****Make a copy for your records and note the date you turned in the form*****

Date: _____

This form is being sent to you because the following student is requesting a tuition refund for the course listed below. Please check your records and complete the form. Sign and date where indicated, before faxing it to our office. Thank you for your assistance.

THIS SECTION TO BE COMPLETED BY STUDENT:

(Please print clearly and legibly)

Department

Course

CRN Number

Semester

Student Name

WIN #

Instructor

THIS SECTION TO BE COMPLETED BY INSTRUCTOR:

Did this student ever attend class for the semester listed above?

YES NO

If the student attended, date of last attendance: _____

Signature: _____

Title: _____

Phone: _____

Date: _____

Instructors: Please FAX the completed form to the Accounting Services Department. Do not return this form to the student. This form needs to come directly from you.

FAX: 387-4297