



Tuition Refund Committee Appeal Form

Name _____

Date _____

SID# ____ - ____ - ____

Appeal Term _____

Address _____

Phone # _____

Please include a letter describing the reason for your appeal, as well as any supporting documentation, with this form. Appeal letters must be written by the student; those written on behalf of the student will be returned.

Appeals received without proper documentation and formal tuition refund letter will be returned. Those received after the deadline will not be reviewed.

The Tuition Refund Committee does NOT, under any circumstances, take phone calls or schedule appointments. All appeals MUST be submitted in writing to:

Tuition Refund Committee
1000 East Henrietta Road
Rochester, New York 14623

To the best of my knowledge, all of the information on this form and attachment(s) is complete and accurate.

Student Signature