



Manhattanville COLLEGE

Office of Student Accounts

2900 PURCHASE STREET
PURCHASE, NEW YORK 10577
P 914-323-5266
F 914-323-5384

www.manhattanville.edu

BURSAR APPEAL COMMITTEE TUITION APPEAL FORM

Please complete this form and submit to the Bursar Appeal Committee, Student Accounts, Manhattanville College, 2900 Purchase Street, Purchase, NY 10577 or fax to 914-323-5384. Falsifying information on this form will result in immediate denial.

Name _____ Student ID# _____ Email Address: _____

Address _____ City _____ State _____ Zip Code _____

Preferred telephone # _____ Last date of attendance: _____

Semester you are appealing for _____ Year _____ Are you Receiving Financial Aid? ___ Yes ___ No

Specify Request: Tuition Refund _____ Tuition Credit (to be used for future term) _____ Balance Waiver _____

I intend to continue in the program. ___ Yes ___ No DEGREE/Program (where relevant) _____

CHECK Reason for Appeal

- Student Illness:** A signed note from your physician or medical provider on their letterhead indicating the dates you were unable to attend class. The medical condition does not need to be disclosed to the committee.
- Illness of immediate family member:** (parent, child, spouse, sibling or grandparent) A signed note from your family member's physician or medical provider on their letterhead indicating the dates of illness. The medical condition does not need to be disclosed to the committee.
- Death of immediate family member:** (parent, child, spouse, sibling or grandparent) Submit a death certificate, obituary or death notice. Documents must clearly indicate the relationship of the deceased to the student.
- Military deployment:** A copy of the official deployment/reactivation notice. Deployment and reactivation dates must be within the semester you are appealing.
- Change in employment schedule** beyond the student's control that prevents the student from attending the classes for which he/she is registered. A letter from your employer on letterhead indicating the reason, specific times, and date of the change.
- Verifiable Error:** A detailed account of the problem and relevant documents on College letterhead from the College Office or advisor indicating that incorrect information was given by a College representative.

Please attach a letter of explanation clearly explaining your situation and reasons you feel the tuition should be waived, refunded, or credited. Include reasons you were unable to follow the usual refund/drop procedures. Also attach all appropriate documentation needed to support your reason checked above.

By signing this Appeal I acknowledge that I am responsible for withdrawing from my class(es). I understand the Bursar Appeals Committee will notify me by email of their decision. I have read and understand the guidelines and BY SIGNING BELOW, I UNDERSTAND THE IMPLICATION OF MY APPEAL. I understand the decision of the Bursar Tuition Appeal Committee is final.

Student Signature

Date

DO NOT WRITE BELOW THIS LINE

COMMITTEE ACTIONS

- Approved
- Approved with Conditions
- Pending Additional Documentation
- Denied

NOTES

Authorized Signature _____

Date _____