



FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

**STUDENT INFORMATION**

Name \_\_\_\_\_ SFU student number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ Email \_\_\_\_\_

**INDICATE WHAT YOU WISH TO ACHIEVE WITH YOUR APPEAL**

- REFUND OF ENROLLMENT/CONFIRMATION DEPOSIT**  
Attach a printout of your student account showing the deposit of \$250.
- REFUND OF TUITION DROP PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_**  
Attach a printout of your student account showing the penalty assessed.
- REFUND OF TUITION FEE (WITHDRAWAL FROM ALL COURSES). DATE(S) OF TOTAL WITHDRAWAL \_\_\_\_\_**
- REFUND OF PENALTIES FOR LATE PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_**
- REFUND OF TUITION FOR COURSES WHICH HAVE BEEN ASSIGNED A "WE"**  
"WE" is withdrawal under extenuating circumstances.
- REFUND FOR COURSES DROPPED AFTER THE END OF THE 2ND WEEK OF CLASSES (NOT TOTAL WITHDRAWAL): SPECIFY COURSES**  

Course _____ (e.g. CHEM 100)	Date dropped _____	TERM: <input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	YEAR: _____
Course _____	Date dropped _____	TERM: <input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	YEAR: _____
Course _____	Date dropped _____	TERM: <input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	YEAR: _____

**NOTE**

- 1 Appeals should be submitted within one calendar year of the time you dropped courses.
- 2 Your appeal will be decided on the basis of a **written statement**. When you describe the special circumstances that you feel entitle you to a refund of fees, be sure to include details such as a brief description of the nature of the circumstances and how they affected your decision to withdraw from the course(s), and the dates when relevant events occurred. Be sure to include supporting documentation such as medical notes.
- 3 Note that refund appeals are not granted for reasons of financial hardship alone.

**DOCUMENTATION INCLUDED WITH YOUR APPEAL**

Death certificate     Medical documentation     Other: please attach specific written reasons.

**REASON WHY YOUR APPEAL SHOULD BE GRANTED (USE REVERSE, IF NECESSARY)**

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Student Services staff (please print name) \_\_\_\_\_ Date \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

The information on this form is collected under the authority of the University Act (RSBC 1996, C.468, s.27[4a]). This information is needed, and will be used, to decide upon your appeal. If you have any questions about the collection and use of this information contact the Associate Registrar, Information, Records and Registration, 778.782.3296.

**OFFICE USE ONLY:**     Sustained: refund \$ \_\_\_\_\_     Partially sustained: refund \$ \_\_\_\_\_     Denied

Appeal data entered     Decision entered    Signature \_\_\_\_\_    Date \_\_\_\_\_

Details of decision \_\_\_\_\_

\_\_\_\_\_