Student Financial Appeal Procedures

A completed Student Financial Appeals Petition (attached) must be submitted to the Student Financial Appeals Committee for consideration. Petitions for appeals on fees should be submitted to the Cashiering Office (first floor, Administration Building) or e-mailed to cashier@nwmissouri.edu. Financial assistance appeals must be submitted to the Office of Scholarships and Financial Assistance (second floor, Administration Building).

1. CRITERIA AND DOCUMENTATION
   Approval of the petition is dependent upon valid criteria for the appeal and supporting documentation. Such criteria include:
   a. Medical Reasons: Must be supported by a letter from your physician stating the physical condition which prohibited you from fulfilling your obligation.
   b. Non-Attendance: Acceptable in a limited number of circumstances. Non-attendance of classes must be documented by letters from instructors/sponsors.
   c. Excess Credit Hours Dropped: Valid if notification was received after last date for drop refund/reduction in charge.
   d. Family Crisis: Death or other crisis situation in the immediate family requiring students to return home to help support or care for remaining family members. Verification of the situation by another family member or reputable third party is required.
   e. Personal Crisis: Certain personal situations causing psychological distress may be valid criteria. Should be accompanied by supporting documentation from a lawyer, doctor, clergy or other reputable third party.
   f. Unusual Circumstances: Unforeseeable and uncontrollable circumstances beyond the scope of those listed above, including University error, natural disaster, war, etc. Documentation appropriate to the circumstance is required.

2. DEADLINES
   a. Appeals for Fees will not be heard if one complete trimester has elapsed since the occurrence in question.
   b. Financial aid appeals should be submitted prior to the beginning of a trimester.

3. FORM COMPLETION
   The petition must be completed IN FULL. Please include:
   a. Nature of the fee you are appealing (late registration fee, tuition, etc.)
   b. The trimester and date the fee was incurred.
   c. Explain the extenuating circumstances which you believe qualify you for an exemption from policy. If you cite information or advice given by University officials, please provide the names and offices of those individuals.
   d. Be sure to sign the petition!

4. NOTIFICATION
   You will be notified via e-mail of the Committee’s decision, usually within two weeks of submitting the petition unless an e-mail address is not supplied.

NOTE: Failure of the student to avail him/herself of published information regarding deadlines and official University policies is not a valid reason for approval of a petition.

IN THE CASE OF PETITION DENIAL, YOU ARE RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS.
Student Financial Appeals Petition
--Northwest Missouri State University--

Date: _________________  919# ______________________________

Name: _______________________________________________________________________

Last                                      First                                      Middle Initial         Phone Number

Local/Campus Address: ______________________________________________________________________

Street/Residence Hall        City                  State                  Zip

Permanent Address: ______________________________________________________________________

Street                                      City                  State                  Zip

E-mail address: ______________________________________________________________________

Notification will be e-mailed to this e-mail address.

☐ Financial Assistance Appeal    ☐ Fees Appeal    Advisor: _______________________________

Phone Ext: __________

STATEMENT OF APPEAL (Use the back of this petition if necessary.)
Attach documentation as required by #1 on the procedures sheet in order for it to be considered.

Have you attached appropriate documentation to support your claim? ☐ yes ☐ no

Signature: ____________________________________________

FOR OFFICE USE ONLY

☐ Approve     ☐ Disapprove

Comments/Conditions:

☒ Full Refund
☒ Prorate
☒ Partial Refund

