



# OFFICE OF THE BURSAR

University of Alaska Fairbanks

P.O. Box 757640, Fairbanks, Alaska 99775-7640

907-474-7384  
907-474-5898 fax  
Uaf-bursar@alaska.edu  
[www.uaf.edu/finserv/bursar](http://www.uaf.edu/finserv/bursar)

## Request for Exception

This form has TWO sides. You must complete both.

Semester:  Fall  Spring  Summer  Other Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Tuition Appeal**

**Tuition only! Fees are not included in the request.**

Explain the circumstances that led you to withdraw from the university and why you believe you are entitled to a refund of tuition. **(Written summary and supporting documentation must be submitted with this form).** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Late Fee Appeal**

Explain why you believe you should have your late fee reversed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I affirm that the information contained in or included with this request is true and accurate. I authorize anyone contacted by UAF in connection with this request to discuss my request and to release relevant documentation in their possession to UAF. Should my appeal be granted based on the information I provided and it is later found that I have intentionally misrepresented myself; I understand my conduct is in violation of the Student Code of Conduct and my original debt will be reinstated.

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

**Attach employer, medical, or instructor documentation to support your request.  
Written summary must be provided or this form will not be accepted.**

# Request for Exception

Please read and initial each statement.  
If the form is incomplete, the request will not be considered.

- \_\_\_\_\_ I understand that a Request for Exception or refund will only be considered if I can demonstrate that unanticipated and unavoidable events beyond my control are responsible for my inability to comply with the published schedule and policies.
- \_\_\_\_\_ I understand that students are required to provide supporting documentation with this request to substantiate reasons for being unable to meet published deadlines or adhere to current policies (physician's note, letters of support from instructors, etc.). Requests without documentation may not be considered.
- \_\_\_\_\_ I understand that only requests submitted by the student or a person with documented legal authority to act on behalf of the student will be considered.
- \_\_\_\_\_ I understand that the deadline to submit a Request for Exception is no later than **30 days** after the beginning of the next semester. Requests for a fall semester must be received no later than 30 days after the start of the spring semester and requests for a spring semester are due no later than 30 days after the start of the fall semester. Requests received after the deadline may not be considered by the committee.
- \_\_\_\_\_ I understand that work related issues, personal hardships, changing my mind about college, poor academic performance, disciplinary withdrawal, not receiving expected financial assistance, or failure to read UAF's published documents are considered to be the result of personal choices and actions and generally do not present justifiable reasons to support a Request for Exception.

**Decisions made by the committee are final.**  
**No further recourse may be pursued through any other university appeal.**

This form **must** be submitted to the UAF Office of the Bursar at the below address in order to be considered:

**UAF Office of the Bursar**  
First Floor Signers' Hall  
P.O. Box 757640  
Fairbanks, AK 99775  
Fax: 907-474-5898  
Scan and email: [uaf-bursar@alaska.edu](mailto:uaf-bursar@alaska.edu)

This form has **TWO** sides.  
You **must** complete both.

Comments (for committee use only):

Approved

Denied

*Naturally Inspiring.*