

# UNDERGRADUATE TUITION REFUND/WAIVER FORM

A letter of explanation of special circumstances and appropriate supporting documentation must be attached, e.g., a doctor's verification of medical reasons, military orders, or supervisor's letter stating withdrawal from course(s) is work related.

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Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Course Title:	Number	Section	Credits	Term	Year	Date of Withdrawal

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_