

## Tuition Refund Appeal Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Student ID# \_\_\_\_\_ Appeal Term \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Please include a letter describing the reason for your appeal, as well as any supporting documentation, with this form. Appeal letters must be written by the student; those written on behalf of the student will be returned. Appeals are for credit courses only.

Appeals received without proper documentation and formal tuition refund letter will be returned.

All appeals MUST be submitted in writing to:

SUNY Ulster  
Attention: Refund Appeal Committee  
PO Box 557  
Stone Ridge, NY 12484

To the best of my knowledge, all of the information on this form and attachment(s) is complete and accurate.

\_\_\_\_\_  
Student Signature