

## TUITION ADJUSTMENT COMMITTEE APPEAL

**Purpose:** The purpose of this form is to dispute tuition charges, and or fees. Do not file this application if you are requesting a grade change.

**Instructions:** The appeal must be typed precisely one page in length. Handwritten appeals will not be considered. Please explain in detail the reason for your appeal. Be sure to submit any supporting documentation (police reports, plane tickets, medical notes, death certificate, etc.). Requests without documentation will not be considered. Submit your appeal and documentation via email to TUTIONAPPEALS@Baruch.cuny.edu. You will be notified by email of the decision. All Committee decisions are FINAL.

Any question or comments please email us at TUTIONAPPEALS@Baruch.cuny.edu.

Appeals must be made within one year of the calendar year for the term in question.

**IMPORTANT:** Assigned grades of A, A-, B+, B, B-, C+, C, C-, D+, D, D-, F, or WU must be appealed with the appropriate Committee on Academic Standing Prior to filing this appeal.

**FINANCIAL AID RECIPIENTS :** Did you receive financial aid or loans during the semester you are appealing? Speak to a Financial Aid Advisor about the ramifications of this appeal being granted. Students who received financial aid or loans for the semester in which a cancellation is requested should be aware that if a refund is granted, any financial aid received may have to be returned.

If an appeal is granted, APRA funds will remain on your account and be refunded if credit exists. Questions regarding APRA should be addressed to [FAScustomerservice@baruch.cuny.edu](mailto:FAScustomerservice@baruch.cuny.edu).

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

Name: \_\_\_\_\_

Baruch Email: \_\_\_\_\_ CUNYfirst EMPLID NUMBER: \_\_\_\_\_

Semester for which refund is requested: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**REGISTRAR USE ONLY**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Pending: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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