

Tuition Reimbursement Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Institution's Name]

[Institution's Address]

[City, State, Zip]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my application for tuition reimbursement for the [Specify Course/Program Name] completed on [Completion Date]. My application was unfortunately denied based on the criteria set forth in the policy, which I respectfully believe does not accurately reflect my situation.

According to the criteria, [Briefly describe the criteria you believe applies]. However, I believe that my circumstances qualify for reimbursement as follows:

- [Point 1 - relating personal experience or achievement to the criteria]
- [Point 2 - any additional supporting reasons]

I have attached relevant documentation, including [List of Attached Documents, e.g., receipts, course completion certificates], to further substantiate my appeal. I hope that upon review, you will reconsider my application.

Thank you for your time and consideration. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Job Title (if applicable)]