

Appeal for Tuition Refund

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[University Name]

[Office of Financial Aid/Business Office]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Financial Aid Officer"],

I am writing to formally appeal the decision regarding the denial of my tuition refund for the [Specify Semester/Term] at [University Name]. My student ID is [Your Student ID].

Due to [brief explanation of your situation that justifies the appeal, e.g., personal hardship, health issues, etc.], I believe that a full or partial refund of my tuition fees is warranted. I have attached supporting documentation, including [list any documents you are including such as medical records, withdrawal forms, or correspondence with university staff, etc.].

I respectfully request that you reconsider my case and grant a tuition refund. I appreciate your time and attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]