

# Tuition Refund Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a reconsideration of my tuition refund for the [Semester/Term] due to [briefly explain the reason, e.g., medical emergency, personal hardship]. I believe that my situation warrants special consideration.

Despite my best efforts to [describe any attempts to continue your studies, if applicable], I was unable to [explain the outcome]. I have attached supporting documents, including [list any documents, like medical records, etc.], to substantiate my request.

I understand the policies regarding refunds; however, I respectfully ask for your understanding in my unique circumstances. A refund would greatly assist me in managing my financial obligations during this challenging time.

Thank you for considering my appeal. I am hopeful for a favorable response and appreciate your time and understanding.

Sincerely,

[Your Name]