



Student Instructions: Complete Student Section, review appeals guidelines(visit [www.aims.edu](http://www.aims.edu) for all appeals information) and attach any supporting documentation (e.g., doctor's note, letter from employer, letter from instructor, etc). Return this completed form and supporting documentation to Financial Services, P.O. Box 69 Greeley, CO 80632 by mail, fax 506-6952 or in person. Appeals will NOT be accepted by email.

**APPEAL FOR INVOICE ADJUSTMENT / APPEAL FOR TUITION AND FEE REFUNDS**

Please allow 10-14 working days for a final decision. You will be notified by mail of the decision. If the appeal is approved, refund checks will be mailed to your mailing address on record in the Admissions and Records Office.

**Student Section**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ How many credits are you currently registered for? \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Have you withdrawn from the course? \_\_\_\_\_ (Y or N)  
 \_\_\_\_\_  
 (city, state, zip)

**Was funding from a grant, scholarship and/or loan paid on your behalf for the semester?** \_\_\_\_\_ (Y or N)  
 \*\*\* If YES, you will need to meet with a financial aid staff member to discuss the potential impact this appeal request May have on your financial aid eligibility.

Class(es) for which you are requesting a refund: Semester (please circle) Fall, Spring, Summer 20\_\_\_\_.

Title	Course ID	CRN of the course	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Appeal: (please attach a signed, written statement explaining reason for the tuition appeal request)

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

**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION**

**FS Office Use Only (Notify Student and A&R when complete)**

Approved/Denied: \_\_\_\_\_ Action Taken: \_\_\_\_\_

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

By (signature): \_\_\_\_\_ Date: \_\_\_\_\_