Wintermester 2016

Appeal Form/Request for Reimbursement

Name

Last First M. I. NHSE I.D. Number

Local Address

Number andet City State Zip

Local Phone (______) Fax (______) Date ________________

Email Address

_______________________________________________________________________________________

Did you received the Wintermester Tuition Award?  □ Yes  □ No

I am applying for reimbursement of:

□ Late fee ($25 or $50)  □ 100% of Tuition  □ 50% of Tuition  □ Reinstatement Fee

List class(es) ________________________________________________________________

Explain why you feel this fee should be reimbursed and attach any supporting documentation:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

(Attach additional sheets as necessary.)

Please see instructions for submitting this form on other side.

Office Use Only:

□ Approved

□ Reimbursement of late fee and/or reinstatement fee

□ Reimbursement of 100% of tuition

□ Reimbursement of 50% of tuition

□ Other __________________________________________________________________________

□ Disapproved

Notes: ______________________________________________________________

__________________________________________ ________________

Director of Wintermester Date
Instructions: Appeal/Request for Reimbursement Form

Please note: This form represents your appeal of the charges incurred. There is no additional form available for reimbursement requests. Decisions made by the reimbursement committee are final.

1. Attach to this form:
   - A statement on departmental letterhead or email from the instructor indicating either that you have been attending class (late fee) or that you never attended class (no-show fee), or any other necessary information.
   - If reimbursement request is for medical reasons, please attach appropriate document such as a letter from a hospital or physician, etc.

2. Mail materials to Director of Wintermester, 365 Learning/0365, Continuing Education Building, University of Nevada, Reno, NV 89557.
   OR
   Fax to (775) 784-1280
   OR
   Hand deliver this request to the Wintermester Office in the Continuing Education Building, room 225, 1041 N. Virginia St. Wintermester Office hours are 8 a.m.-5 p.m., Monday-Friday.

3. The reimbursement committee meets at the end of January. The outcome of your appeal will be mailed or emailed to you within five working days after the committee meeting. If approved, you will receive a check by mail in approximately four weeks from the date of receipt. If the reply indicates that you will receive a reimbursement, please retain the reply until you have received the check.

Please note: No requests for reimbursement will be considered after January 31, 2016.

Please retain a copy of this form and all other submitted materials for your records. If you have not received a letter, telephone call or email from University personnel within five working days, please call (775) 784-4652. Thank you!