Summer Session 2018
Appeal Form/Request for Reimbursement

Please see instructions for submitting this form on other side.

Name _______________________________________________________________________________________________
Last    First      M.I.                           NSHE #

Local address _________________________________________________________________________________________
Number and Street   City   State   Zip

Local phone ( ______ ) __________________________________  Date ___________________________________________

Email address _________________________________________

You must pay the fees you have incurred in the Cashier’s Office, Fitzgerald Student Services Building, 3rd floor, BEFORE your request will be considered. Be sure to attach any and all documentation to support your appeal.

Did you receive the Summer Session Tuition Award?  ☐ Yes   ☐ No

I am applying for a reimbursement of:  ☐ Late fee ($25, $50 or $75)  ☐ 100% of tuition  ☐ 50% of tuition  ☐ Reinstatement fee

List class(es): __________________________________________________________________________________________

Explain why you feel this fee should be reimbursed. Attach additional sheets as necessary, including any documentation to support extenuating circumstances:
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Office use only:

☐ Approved  ☐ Reimbursement of late fee $25 _____  $50 _____  $75_____
☐ Reimbursement of $100 reinstatement fee
☐ Reimbursement of 100% of tuition
☐ Reimbursement of 50% of tuition
☐ Other __________________________________________________________

☐ Disapproved __________________________________________________________

__________________________________      __________
Director of Summer Session                                            Date
Appeal/Request for Reimbursement Instructions

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.

Step 1:
Attach to this form:
• If reimbursement request is for medical reasons, please attach appropriate document such as a letter from a hospital or physician, etc.
• Optional, but helpful: A statement on departmental letterhead or an 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. Statements can also be emailed to 365@unr.edu.

Step 2:
Mail materials to the Director of Summer Session, 365 Learning/0365, Continuing Education Building, University of Nevada, Reno, NV 89557.
OR
Fax to (775) 784-1280
OR
Hand deliver this request to 365 Learning in the Continuing Education Building, Room 225, 1041 N. Virginia St. 365 Learning hours are 7 a.m.–5 p.m., Mon.–Fri.

Step 3:
The reimbursement committee meets at the end of each month or after each term. The outcome of your appeal will be emailed to you within five working days after the committee meeting. Please provide your email address with your request.

Please note: No requests for reimbursement will be considered after Aug. 31, 2018.

Please retain a copy of this form and all other submitted materials for your records. The refund committee meets monthly. You will receive an email from university personnel regarding the outcome of your appeal. Please call (775) 784-4652 or email 365@unr.edu if you have questions. Thank you!