



Improper Withdrawal/Refund Appeal

Students who need to drop a course(s), withdraw from a semester, or request a refund after the drop/refund deadlines have passed may appeal the process, if there are extenuating circumstances beyond the control of the student.

Extenuating Circumstances Example:

- Student becomes ill during the semester and is unable to complete courses.

Appeal Procedures

1. Completed Improper Withdrawal/Refund Appeal Form.
2. Signed letter of intent that outlines the specific request.
 - a. This letter must be written by the student and should include concise and relevant information regarding the situation and the course of action requested.
 - b. An improper withdrawal usually applies to all courses in a semester. If you are requesting a partial withdrawal, you must explain in your letter of intent why you were able to complete your other courses, given the extenuating circumstances.
3. Documentation that supports the request.
 - a. The appeal will not be processed until sufficient documentation is provided, for example, a letter from a doctor or therapist, police report, etc. The University of Nevada, Reno reserves the right to request additional information when deemed appropriate.

Next Steps

1. Once all required paperwork is in order, the request is forwarded to the Student Withdrawal/Refund Appeals Board.
2. Decisions of the Board may include one of the following:
 - a. 100% refund of registration fees paid; courses are removed from the student's transcript.
 - b. 50% refund of registration fees; grades of W (withdrawal) are received for the courses.
 - c. Withdrawal only - no refund.
 - d. Denial.
3. A withdrawal with no refund approved by the Board is forwarded for final academic approval to the instructor, chair and dean for each course or the dean of the student's major program. All other decisions will be processed within 10 business days in MyNevada.
2. Students will receive an email via MyNevada student account notifying the results of the appeal outcome.
3. The appeal outcome is final. There are no further appeals for the improper withdrawal/refund process.

Information

Patty Porter, Appeals Coordinator
 Office of Admissions and Records, (Fitzgerald Student Services Building, 2nd Floor)
 Phone: (775) 682-8073
 Email for questions: porterp@unr.edu or mynevada@unr.edu

Nevada Box email to submit form, letter of intent, supporting documentation:
Imprope.66qvqy4gg8qvq0un@u.box.com

***Note** that sending attachments through email is not secure so it is recommended that any personal identification (Date of Birth, Social Security Numbers, etc.) be blocked out before sending.

To return to the university at any time after the withdrawal semester, you will need to complete the Returning Student Application form available online.

Please initial the following:

Financial aid recipients must obtain counseling from a financial aid officer regarding the impact of dropping courses or a total withdrawal on a student's financial aid status. Students receiving financial aid/scholarships who withdraw from a course(s) may have their aid adjusted and may be required to repay some or all of the aid received.

Please be aware that it is the responsibility of each student to clear all financial obligations with the University.



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I have provided a letter of intent explaining my extenuating circumstances and substantiating documentation of my situation.

I hereby authorize Admissions and Records to release my confidential information, resulting from contact with the staff of Admissions and Records.

I understand that information regarding my withdrawal/refund request will be heard by all members of the Student Withdrawal/Refund Appeals Board. The Board members will not release confidential information from their meetings and the original student file will be returned to Admissions and Records for safekeeping.

I understand that I am under no obligation to disclose the requested information and am releasing the information voluntarily. I may revoke this consent at any time by informing Admissions and Records in writing of my intent. This authorization is in effect until the end of the academic year during which it is issued or I request in writing that it be rescinded, whichever comes first.

In consideration of this consent, I hereby release the above parties from any and all liability. I also acknowledge by signing this form that I may be required to repay some or all of the Financial Aid received for the term(s) in question if the appeal is approved. *

I am an international student and have attached documentation from the Office of International Students and Scholars.

I am an athlete and have consulted with my athletic advisor.

I am an graduate student and have consulted with my graduate advisor and Graduate School.

By signing below I certify that the information in this appeal is true, accurate and complete.

Name _____ NSHE ID _____

Signature _____ Date _____

Requested Action:

- Total Withdrawal from Classes 100% Refund*
 - Partial Withdrawal from Classes 50% Refund (only granted for withdrawal from all courses of the semester)*
 - Change to Audit
- If the appeal is approved and you need to go on leave please submit the leave of absence form and notify the Appeals Coordinator.

Semester/Year	Requested Courses	Last Day of Attendance

For Office Use Only

- Approved
- Denied

Date _____