Lewis University | Bursar Office | TUITION CHARGE APPEAL
Questions: businessoffice@lewisu.edu

General Information:
Last Name ___________________________________ First Name _______________________

Address ______________________________________ ID ______________________________

Email ___________________________________ Phone __________________________

Term that the appeal is requested for _______________
I confirm that all classes for the term listed were withdrawn from: [ ] YES [ ] NO

Student’s Extenuating Circumstance for Appeal (please select one):
[ ] Significant illness or injury.
[ ] Chronic illness.
[ ] Significant illness or injury to a family member that required the support and care of the
 student.
[ ] Mental health condition.
[ ] Death in the immediate family.
[ ] Sudden or consistent lack of transportation for commuter status student.
[ ] Significant increase in living expenses for commuter status student.
Supporting Documentation Included for Appeal (please select all that apply – minimum of 2):
[ ] REQUIRED - Personal statement