

APPEAL TO THE UNIVERSITY REFUND POLICY

The University of California refund policy states that a full refund of fees may be granted to students who cancel registration prior to the first day of instruction or withdraw on the first day of instruction for the quarter. Students who withdraw or are lapsed after the first day of instructions are eligible for a partial refund according to the published refund schedule.

Although UCSB cannot grant exceptions to the system-wide refund policy, UCSB can consider information related to circumstances beyond the student's control such as family-related or personal illness, accident, or an unforeseen event that supports the need to adjust the date of withdrawal, and potentially change the refund amount.

To submit an appeal to the refund percentage, complete the information below. The reason for the appeal **must** clearly state what necessitated the withdrawal and what prevented an earlier filing date. The student **is required to** provide supporting evidence of the last date of course/s attendance. Supporting documents such as professors' statements, doctor's statements, letters of verification, receipts, etc. **must** be attached to support the reason given and to validate the last date of course/s attendance.

Financial Aid Recipients: Please consult the Financial Aid Office prior to submitting this appeal. Should your withdrawal date change, this may have an effect on financial aid billed to your BARC account.

Name _____ Perm _____
Last First Middle

Address _____
Street City State Zip

Email _____ Phone _____

Petition for: Fall _____ Winter _____ Spring _____
Year Year Year

Status during term of withdrawal: New Continuing Returning

Reason for requesting the exception: (If additional space is needed, please attach a separate sheet. Remember to attach supporting documents.)

By signing below I certify that the information provided above is true and accurate. I also certify that I understand obtaining approval of this appeal means that my official withdrawal date would change and may qualify me for a higher refund of fees. I also certify that if I am a Financial Aid recipient, I have consulted with Financial Aid on how a new withdrawal date could affect the bill back of such aid and my BARC account.

Student Signature _____ Date _____

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| <i>Office of the Registrar Use Only</i> | | |
| Documents Attached/Needed _____ | Committee Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date _____ |
| Response Mailing Date _____ | Comments _____ | |

