



## Office of the Registrar

TENNESSEE TECH

### FEE REFUND REQUEST FORM

Student Name: \_\_\_\_\_ T#: \_\_\_\_\_ Term: \_\_\_\_\_  
(Last) (First) (MI)

Student Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Requests are reviewed in accordance with TBR guidelines, which may limit some exceptions being granted.*

**Exceptions to the University's refund policies will be reviewed only with proof of extenuating circumstances by attaching supporting documentation to this request.**

*Please return completed form and proof of extenuating circumstances to the Business Office, window number 4.*

This request is for (please select **one** field): 100% refund \_\_\_\_\_ 75% refund \_\_\_\_\_ 25% refund \_\_\_\_\_

My request is due to:

Withdrawal from the University \_\_\_\_\_ -or- Dropping the following course(s) \_\_\_\_\_  
(Example: ENGL 1010-001) \_\_\_\_\_  
\_\_\_\_\_

**Provide a detailed explanation** for the basis of this request and attach any **supporting documentation**. Please be sure to list the last date of class attendance. Use the back of this form for additional space if necessary.

**Recommendation:** Upon review of supportive documentation, a 100% \_\_\_\_\_ 75% \_\_\_\_\_ 25% \_\_\_\_\_ refund of applicable fees has been recommended \_\_\_\_\_ denied \_\_\_\_\_.

Representative for Business & Fiscal Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Refund Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_