

Augsburg College Financial Petition

PLEASE TYPE OR PRINT.

Note: All information must be complete, accurate, and legible.

Name: _____

ID Number: _____

Current Mailing Address:

Program:
 Day School
 WEC
 Rochester
 Graduate Program
 United

On-Campus Box: _____
(Day Students only)

Request is for _____
(year)

Email Address: _____@augsborg.edu

Fall Day Fall WEC
 Spring Day Winter WEC
 Summer Spring WEC

Daytime Phone: _____ - _____ - _____

Evening Phone: _____ - _____ - _____

Comment clearly and concisely on the reasons for your request. Focus your comments on the circumstances that support your request. **PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY. REQUESTS WILL NOT BE REVIEWED UNLESS ALL INFORMATION IS COMPLETE AND LEGIBLE.**

If this is a request for a tuition refund or late fees refund, state clearly and concisely the term, course work involved, department, class number, and class title (as listed in the catalog), and the action you are asking for.

If your petition involves dropping a course or withdrawal from college, you must complete the required paper work with the Registrar's office. If you have not cancelled or withdrawn from the courses in question and it is beyond the published deadlines to do so, you will also need to petition the Committee on Student Standing for an exception to academic policy. Include the information from your financial petition. Petition forms are available at the Registrar's office or on-line at <http://www.augsburg.edu/enroll/registrar/index.html>.

If the request is due to medical circumstances, we require verification of the medical problem, including pertinent dates, on your doctor's letterhead and with his or her signature. **DO NOT HAVE YOUR DOCTOR SIGN THIS FORM.** If you were disabled, i.e., in the hospital, etc., this document should include those dates.

**RETURN FORM TO VICE PRESIDENT OF STUDENT AFFAIRS OFFICE
Augsburg College – Campus Box 72
2211 Riverside Avenue
Minneapolis, MN 55454
Fax 612-330-1350**

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Summarize your request in the space below. Please explain why this petition should be approved. Attach additional pages as necessary.

The attached stated information is correct and all additional supporting documentation is accurate and attached.

Signature: _____ **Date:** ____/____/____

**** Please note that petitions for tuition refunds must be submitted within six months of the student dropping the course or withdrawing from the class(es). ****

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