Instructions for Submitting a Request for a Review of Tuition Liability

Requests for Review of Tuition liability are subject to the University's policies codified in Section 302.1 (m) of Title 8 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (8 NYCRR § 302)

A complete request must include the following:
1. Completed, signed and dated Request for Review of Tuition Liability Form; and
2. A TYPED detailed personal statement (please limit this to 1 page); and
3. Relevant and supporting documentation that pertains to the time period at issue.
   • A letter from your physician is required for Medical Appeals however we do not accept medical records.
4. Official withdrawal from the term/session/semester

Incomplete requests will be closed and denied but may be re-opened once the required documentation is submitted.

A Request for Review of Liability must meet the following Criteria:
• The student has withdrawn through circumstances beyond the student’s control. A direct “cause and effect” relationship can be demonstrated between the extenuating circumstances and the withdrawal from the term
• The student had not completed more than one-half of the term and has not received or will not receive academic credit for the term, and that the petition is submitted before the last day of the term that is to be considered.
• Circumstances experienced and their resulting impact were unforeseeable and/or could not have been reasonably prevented during the time period in question.
• Relevant documentation can be furnished from an appropriate authority to support the claim.

Documentation must be signed and on official letterhead of the issuing authority and include the contact information for this authority. See below for examples of supporting documentation.

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<tr>
<th>Reason</th>
<th>Examples of Relevant and Supporting Documentation</th>
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| Medical Issue                 | A signed letter from physician/medical provider stating 1) the date(s) of the onset and duration of the condition and 2) how the condition impaired your ability to continue/complete courses.  
Please do NOT send medical records or bills.                                                                 |
| Military Duty                 | Deployment Orders; Memo from Commanding Officer to address issues not covered by military orders.                   |
| Death in Immediate Family     | A copy of the Death Certificate                                                                                   |

• The Following Reasons Are Not Sufficient Justification For Granting A Tuition Liability Appeal:
  • Unfamiliarity with University Registration systems
  • Disputes regarding the denial of financial aid or the amount awarded.
  • Not being aware of add/drop, waitlist, and withdrawal deadlines & policies
  • Dissatisfaction with instructor, grade, course content or curriculum.

Please email, fax, or mail your Request for Review of Tuition Liability form to:

Email:
Request for Review -- studentbilling@stonybrook.edu

Fax:
631-632-1308

Address:
Office of Student Accounts, 254 Administration, Stony Brook, NY 11794-1301

Please allow approximately two to three weeks from the time of submission of all documentation.

NOTE: SUBMISSION OF A REQUEST DOES NOT SUSPEND BILLING OR STOP COLLECTIONS ACTIVITY
REQUEST FOR ADJUSTMENT OF TUITION LIABILITY

Student Name (Last, First): _______________________________  Student ID: _______________  Semester: _____

__ Undergraduate  __ Graduate  __ Medical/Dental  __ Certificate/Other

Date of Official Withdrawal (as indicated by the University Registrar): ______________________

Student E-Mail: _______________________________  Phone Number: _______________

Action Requested:
___ Adjustment of Tuition Liability  ___ Re-open a previously DENIED request (time limit is 30 days from initial decision)

Required Documentation:
- This completed, signed and dated Request for the Adjustment of Tuition Liability Form; and
- 1 page TYPED detailed personal statement; and
- Relevant and supporting documentation that pertains to the academic period at issue. For additional guidance please refer to “Instructions for Submitting a Request for the Adjustment of Tuition Liability.”

Additional Information (please attach your personal statement separately)
By signing below I certify that the information presented is true to the best of my knowledge.

Student Signature: _______________________________  Date: _______________

For Student Accounts Office Use Only

Earned Credits? _____  Documentation/Petition? _____  Class Level: _____  Completed ½+ Term_____

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<tr>
<th>Reason For Adjustment:</th>
<th>Tuition and Fee Charges to be Adjusted:</th>
<th>% or Amount to be Adjusted</th>
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<td>Tuition</td>
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TOTAL

Approved As Requested: _____  Reason: ____________________________
Approved As Requested Medical: _____  Reason: ____________________________
Approved ACR: _____  Reason: ____________________________
Denied: _____  Reason: ____________________________

Erik Andersen: Bursar & Director of Student Accounts: _______________________________  Date: _______________

Please allow approximately **two to three** weeks from the time of submission of all documentation.

**NOTE:** SUBMISSION OF A REQUEST DOES NOT SUSPEND BILLING OR STOP COLLECTIONS ACTIVITY.