



PETITION FOR EXCEPTION TO REFUND POLICY

(Please use blue or black ink)

NAME: _____ UV ID: _____ DATE: _____

ADDRESS: _____ APT# _____ SEMESTER: _____ YEAR: _____

CITY/STATE/ZIP: _____ PHONE: _____

PLEASE CHECK ONE:

I HAVE DROPPED: ALL CLASSES INDIVIDUAL CLASS(ES) - please list:

I UNDERSTAND THE GUIDELINES PRINTED ON THE BACK AND REQUEST AN EXCEPTION TO THE REFUND POLICY FOR THE FOLLOWING **DETAILED** REASONS:

(Use back if necessary)

SIGNATURE OF STUDENT DATE

Office Use Only

Copy to Cashiers: _____ Results on SPACMNT: _____

Course CRN:	Course Number & Section:	Instructor:	Date of Withdrawal:	LDA:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- PENDING _____
- APPROVED _____
- DENIED _____

LuAnn Smith, Registrar Date

GUIDELINES FOR EXCEPTIONS

PETITIONS FOR SEMESTERS OVER 12 MONTHS OLD
CANNOT BE CONSIDERED FOR EXCEPTION.

CLASS(ES) MUST BE WITHDRAWN PRIOR TO SUBMISSION OF THIS PETITION.

If students were enrolled in classes past the 100% refund date, exceptions are considered only for the following conditions and are generally awarded at 50%:

1. Medical with documentation on letterhead of physician or hospital.
2. Misadvisement as documented by department to Registrar.
3. Documented UVU error.

Documented medical exceptions that occur during the refund period are generally granted 100% refund.

Documented medical exceptions that occur after the refund period are generally granted 50% refund.

If petition is approved and payment was not made, the debt will be adjusted.

Return to:
Office of the Registrar
Utah Valley University
800 West University Parkway, MC 106
Orem, UT 84058-5999

Telephone: (801) 863-8493
FAX: (801) 225-4677