

NAME (Last, First, MI)	NSHE I.D. #	DATE:
ADDRESS (Number, Street, Apt.)	CITY, STATE, ZIP	
PHONE#: ( )	UNLV EMAIL ADDRESS:	
Please note that your UNLV email address will be used to communicate a decision to you.		
Semester (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring		Year: 20_____
What are you appealing? <input type="checkbox"/> Late Fees <input type="checkbox"/> Tuition & Fees	Course Name: _____	

To file an appeal you must abide by the following:

- Provide a **detailed justification** on a separate sheet of paper for all fee appeals.
- Attach any other supporting documentation to support your justification.
- Be advised that an appeal form submitted without the appropriate supporting documentation may be denied on that basis alone.
- Unless your justification is for medical reasons, all appeals must be submitted **no later than June 15<sup>th</sup>** for the current academic year.
- If you are appealing a semester in the current academic year, please utilize the Rebel Success Hub (unlv.today/rebel-success) to submit your appeal. If you are appealing a past academic year, please complete this form and email all necessary documents to tfappeals@unlv.edu
- The course(s) you are appealing must be withdrawn from, either by dropping the courses in MyUNLV or by an approved General Petition from the Faculty Senate.

If you are appealing for any of the reasons below, do not complete this form. Instead, please go to the links listed below.

- **Housing:** Please visit [Campus Housing](#) concerning a contract release or contact (702)-895-3489.
- **Medical Withdraw:** If you are appealing your fees due to a medical issue for the current semester, please see the Fall/Spring deadlines and refer to the [Voluntary Health Withdraw Policy](#).
- **Residency:** If you are trying to establish residency, please fill out the [NSHE Residency Application](#).

I attest that the statements I have written are factual. I understand that misrepresentation is subject to the UNLV's Student Code of Conduct.

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

For all Medical Appeals prior to Fall 2019, please mail, fax or email to:

Student Services Complex (Building SSC- A) Room 131A  
 UNLV Student Accounts Office Box 451015  
 4505 S. Maryland Pkwy Las Vegas, NV 89154-1015  
 Fax: (702)-895-1164 Email: [Cashiering@unlv.edu](mailto:Cashiering@unlv.edu)