



## NON-MEDICAL STUDENT APPEAL FORM

Students who request a late drop, withdraw from one or more courses, or completely withdraw may be obligated to the University for that portion of tuition which is indicated on the refund schedule.

The Refund Schedule can be found at <https://www.unomaha.edu/accounting-services/cashiering-and-student-accounts/tuition-fees-and-refunds/tuition-refund-schedule.php>.

Students submitting an appeal must demonstrate extenuating circumstances beyond the student's control were in effect during the term in question.

- If you are appealing for **medical related reasons (including both physical and mental health)**, do not complete this form. For **medical appeals**, go to the [Medical Appeal website](#) to view the procedure for requesting a Medical Withdrawal.
- Provide a detailed, written statement to support your appeal request in the space provided; we encourage you to submit any supporting documentation. Attach additional pages if necessary.
- Submit completed form and attachments to:

Office of the University Registrar  
Eppley Administration Building, Room 105  
6101 University Drive North  
Omaha, NE 68182-0287  
[unoappeals@unomaha.edu](mailto:unoappeals@unomaha.edu)  
Fax: 402.554.2011

The Student Appeals Committee meets weekly to review these appeals; you will be notified of the committee's decision within one week of the meeting. If you have any questions about the process or this Non-Medical Student Appeal Form, please call the Office of the University Registrar at 402-554-2314.

Please Note: If you are a **Financial Aid or scholarship recipient** and your request is approved, you may have to repay aid for the applicable academic year. For more information regarding your aid, please contact the Office of Financial Support and Scholarships at 402-554-2327.

**Dreamer, Buffett, Project Achieve, Goodrich, Scott, UHOP, and Young students:** Discuss this appeal with your scholarship advisor and have them sign below. I fully understand, if any, the consequences of this appeal.

**Scholarship Advisor/Program Coordinator/Academic Mentor Signature:** \_\_\_\_\_

Name:	NU ID:
Email:	Phone:
Address:	

**Please complete section below:**

Semester and Year	Subject, Course, and Section Number	Last Date of Attendance

I hereby certify the information provided above is correct and true to the best of my knowledge.

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

Date: \_\_\_\_\_

Detailed reason for this request:

Detailed requested action to be taken:

**For Office Use Only:**

Date Received: \_\_\_\_\_

Previous Appeals? \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

