

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 15th** for the current academic year.

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:** _____

Upon completion of this form, please login and submit your appeal using: [UNLV Self Service](#)

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

For Official Use Only:

Approved: _____ **Denied:** _____ **Received:** _____

Comments: _____
