

NAME (Last, First, MI)	NSHE I.D. #	DATE:
ADDRESS (Number, Street, Apt.)	CITY, STATE, ZIP	
PHONE #: ()	UNLV EMAIL ADDRESS:	
Please note that this email address will be used to communicate a decision to you.		
SEMESTER (check one) <input type="checkbox"/> SPRING <input type="checkbox"/> FALL YEAR:		

What Are You Appealing?

- Tuition & Fees
- Late Fees

Please provide a detailed justification on a separate sheet of paper for all fee appeals, and submit along with supporting documentation. **Please be advised that an appeal form submitted without appropriate supporting documentation may be denied on that basis alone.**

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 contact Campus Housing concerning a contract release at (702)-895-3489 or <http://www.unlv-housing.com/forms>
- 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 at <https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal>
- Residency: If you are trying to establish residency, please follow the link to https://www.unlv.edu/sites/default/files/page_files/27/ResidencyApplication.pdf

I attest that the statements I have written are factual. Misrepresentation is subject to UNLV’s Student Code of Conduct.

Student Signature: _____ Date: _____

Upon completion of this form, please fax, mail or hand deliver 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: _____ Date: _____
 Comments: _____