

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

Office of the Registrar
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we can only accept this form sent via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

TUITION REFUND PETITION

Use this form to request a tuition refund for classes that you have dropped.

If you have not dropped your classes or missed the deadline to drop classes, submit an [Academic Petition](#) in addition to this Tuition Refund Petition.

Tuition refunds are granted only in cases of rare and extreme circumstances and are not granted for failure to drop classes or nonattendance.

Requirements:

- Attach a personal statement that describes the circumstances
- Documentation if required for Part B
- Submit all materials before the deadline

Make copies of your documents. Documentation will not be returned to you.

RETURN FORM:

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Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdhelp@d.umn.edu

DEADLINE:
Tuition Refund Petitions must be received no later than August 31 of the academic year for which a tuition refund is requested.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.

PART A—Student information			
Student last name		First	Middle
Current street address		City	State Zip Code
Student ID number	U of M E-mail	@d.umn.edu	Phone (include area code)
Term/year of cancellation		College (e.g., CLA, SCSE)	List course(s) canceled
<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> May/Summer 20____			

PART B—Reason for petition	
Please check the box to indicate your reason for petition. Attach a personal statement regarding your reason, as well as the required documentation listed. Any documentation you provide is protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA).	
Reason for petition	Documentation required
<input type="checkbox"/> Medical	Your physician or mental health professional must complete the Medical Condition Verification form
<input type="checkbox"/> Death in immediate family	Obituary, police report, and/or copy of the death certificate.
<input type="checkbox"/> Military activation	Copy of military activation orders.
<input type="checkbox"/> Other	Attach a personal statement regarding your reason for petition, as well as the required documentation listed.

PART C—Student certification
<input type="checkbox"/> I am not receiving financial aid for the term/year listed in PART A. (Financial aid includes loans, grants, scholarships, tuition benefits, and fellowships.) <input type="checkbox"/> I am receiving financial aid for the term/year listed in PART A. NOTE: If your circumstances require you to withdraw/cancel from all courses, you are urged to contact a One Stop Student Services counselor and your academic advisor so your decision will be based on a clear understanding of the consequences of withdrawing from courses. I understand that by retroactively canceling courses I may be billed for financial aid that was disbursed to me based on my original enrollment. Please note that any approval resulting in a reduction or removal of the Student Services Fee or the University-sponsored Student Health Benefit Plan will make you liable for all UMD Health Services charges and any outside health plan claims. By signing this form, you are certifying that the information you provided is true. Misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this petition and may be in violation of the Student Conduct Code. If you have read and understood the statement above, sign and date below.

Student signature	Date
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office use only			
approved?	results of decision		
<input type="checkbox"/> yes <input type="checkbox"/> No			
term/year	by	date	