



207.621.3131 or 1.877.862.1234
studentaccounts@maine.edu

Please complete form and return to address listed above

Name				
Last		First	Middle Initial	
Mailing Address				
Street/PO Box		City	State	ZIP
Daytime Phone		ID Number		
Phone Number		Student ID Number		
Appeal Request				
Appeal Amount		Withdrawal (All Classes)		
Term:	Fall	Spring	Summer	
			Year	Dropped Courses

Involuntary Appeal Reason

Please attach appropriate documentation substantiating your request. Student Appeal Forms without appropriate documentation will not be considered complete and therefore not reviewed by the Appeals Committee:

Active Duty in the Armed Services	
Illness	Death
Student	Student
<hr/>	<hr/>
Family Member	Family Member

Voluntary Appeal Reason	
Please attach a letter detailing your reasons for requesting an exception to University drop/withdrawal policies. Please be as specific as possible; include instructor corroboration if appropriate.	
Last Date Attended	Course

I hereby request consideration of my appeal to reverse tuition and fees presented above. I attest that the statements and accompanying documents are true. I understand that my appeal determination may adversely affect previously approved financial aid (including aid payments I have previously received) and I may owe a balance to the University of Maine at Augusta if federal aid is retracted.

Student Signature _____

Date