



# PETITION FOR EXCEPTION TO REFUND POLICY

(Please use blue or black ink)

NAME: \_\_\_\_\_ UV ID: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_ SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PLEASE CHECK ONE:

I HAVE DROPPED:  ALL CLASSES  INDIVIDUAL CLASS(ES) - please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THE GUIDELINES PRINTED ON THE BACK AND REQUEST AN EXCEPTION TO THE REFUND POLICY FOR THE FOLLOWING **DETAILED** REASONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Use back if necessary)

\_\_\_\_\_  
SIGNATURE OF STUDENT DATE

<i>Office Use Only</i>				
Copy to Cashiers: _____				Results on SPACMNT: _____
Course CRN:	Course Number & Section:	Instructor:	Date of Withdrawal:	LDA:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- PENDING \_\_\_\_\_
- APPROVED \_\_\_\_\_
- DENIED \_\_\_\_\_

\_\_\_\_\_  
LuAnn Smith, Registrar Date

## ***GUIDELINES FOR EXCEPTIONS***

PETITIONS FOR SEMESTERS OVER **12 MONTHS OLD**  
CANNOT BE CONSIDERED FOR EXCEPTION.

CLASS(ES) MUST BE WITHDRAWN PRIOR TO SUBMISSION OF THIS PETITION.

**Refunds are not based on how long a student attended class.** If students were enrolled in classes past the 100% refund date, exceptions are considered only for documented extenuating circumstances. All documentation must be dated and signed on official letterhead. Extenuating circumstances may include, but not limited to medical, UVU misadvisement, UVU error, personal hardship such as family death, family medical, required employment changes.

**If petition is approved and payment was not made, the debt will be adjusted.**

Return to:  
Office of the Registrar  
Utah Valley University  
800 West University Parkway, MS 106  
Orem, UT 84058-5999

Telephone: (801) 863-8493  
FAX: (801) 225-4677