

WESTERN KENTUCKY UNIVERSITY

SCHEDULE CHANGE FEE APPEAL FOR EXTENUATING CIRCUMSTANCES

FOR OFFICE USE ONLY		
W/D DATE _____	# PREV. W/D _____	CLASS _____
COMMITTEE ACTION		
APPROVED _____	DENIED _____	DATE _____

NAME _____

WKU ID# _____ PHONE NUMBER _____

MAILING ADDRESS (LOCAL) _____

Street

City

State

Zip

I AM APPEALING MY SCHEDULE CHANGE FEE FOR THE _____ TERM.

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW.

1. Please complete this form and attach a typed letter explaining the circumstances for which you are appealing your schedule change fee. Extenuating circumstances are defined as: extended illness or injury to student; death or extended illness or injury to an immediate family member that resulted in greater responsibility to the student; other mitigating circumstances. **You must attach appropriate third-party documentation of your circumstances (doctor, lawyer, minister, etc.) on official letterhead.**
2. I understand that if my schedule change fee appeal is approved, I may still owe a balance to Western Kentucky University depending upon financial aid, housing, meal plan charges, etc.
3. I understand that the Schedule Change Fee Appeals Committee meets on a monthly basis.

Student Signature _____ **Date** _____