



Administrative Appeals Request

NOTE: Appeals must be submitted within one year from the end of the term that is in question.
(For example, if a student wishes to appeal an issue from fall 2019, the student has until the end of fall 2020 to submit an appeal for review).

Name: _____ Semester Appealing: _____
Student ID #: _____ Phone: _____
Email: _____
Mailing Address: _____
City, State, Zip _____

Is this a second appeal to a prior Administrative Appeals Request? Yes _____ No _____

Note: Second Appeal requests must be received within 90 days from the date on your first Administrative Appeal Denial letter.

Describe administrative policy that was misapplied:

Should your request for a refund be approved and you have a student loan, do you authorize Student Financial Assistance to refund your loan program? Yes _____ No _____ Not Applicable _____

What remedy are you seeking (by course):

Administrative Appeals Request (continued)

Your rationale:

Please be sure to attach any supporting documents regarding this appeal.

Signature: _____

Must be signed by the student

Date: _____

Print the original document and submit a signed copy by email, mail, hand deliver, or fax to:

ADMINISTRATIVE APPEALS COMMITTEE

Robert D. Orr Center, Room 1075 Registrar

8600 University Boulevard

Evansville, IN 47712

usi1adappeal@usi.edu

Phone: 812-464-1762

Fax: 812-461-5305

In accordance with the Family Educational Rights and Privacy Act, no information in a student's educational records may be released to persons or organizations without the student's prior written approval.