The University of Montana Western

Payment Policy Appeal Form

Only appeals where extenuating circumstances (examples: Medical Emergency, Military Deployment, Legal Complication) are demonstrated and well documented will be considered by the Review Committee.

Instructions: Answer ALL questions, print legibly, **attach appropriate documentation*** (read info above the signature line below), completed withdraw form must be attached BEFORE payment appeals will be considered, all holds must be cleared, burden of proof rests with the student, student may appeal payment policy only in cases involving withdrawal from The University of Montana Western. Please return completed form and supporting documents to: **UMW Business Services, 710 South Atlantic, Dillon, MT 59725**.

Name - _____ _____ _____ _____
(Last Name) (First Name) (Middle/Maiden/Your Other Names) (Student ID or SSN)

Mailing Address - _____ _____ _____ _____ _____
(Street Address or PO Box) (City) (State) (Zip Code) (County)

Permanent/Parents Address - _____ _____ _____ _____ _____
(Street Address or PO Box) (City) (State) (Zip Code) (County)

Phone Numbers – _____ _____ **E-Mail Address:** _____
(Local Phone Number) (Permanent/Parents Phone Number)

Appeal requested for (check **one**): ____ Medical Emergency ____ Military Deployment ____ Legal Complications ____ Other

Appropriate documentation must be attached for this appeal to be considered.

Term & Year for which this appeal applies? ____Fall ____Spring ____Summer YEAR: _____ (one year limit)

Degree Seeking _____ **Non-Degree Seeking**_____

Why should your request be approved* (include dates, times, names, ATTACH DOCUMENTATION THAT VERIFIES ALL CLAIMS YOU MAKE; use the back of this form if you need more space)?

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***Attach documentation which verifies any/all claims you make** i.e.: if your request is made because of a medical problem, attach relevant documentation signed by your physician; Military Deployment, attach Military Orders; Legal Complications, attach court records. Be specific as to dates, times, places, and names of people you contacted which pertain to this request; ask those individuals to verify your statements. Sign and date all documents.

I certify the information above is true and correct to the best of my knowledge.

_____ _____
(Student Signature) (Date Signed)

Payment Appeals Review Committee Action: _____APPROVED _____DENIED _____TABLED
RATIONALE:

_____ _____
(Review Committee Chair Signature) (Date)