

Instructions for Submitting a Request for a Review of Tuition Liability

Requests for Review of Tuition liability are subject to the University's policies codified in Section 302.1 (m) of Title 8 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (8 NYCRR § 302)

Examples of Relevant / Acceptable Reason for Tuition Appeal:

- Medical
- Military Duty
- Death in Immediate Family
- Other (subject to specific exceptions)

The Following Reasons Are Not Sufficient Justification For Granting A Tuition Liability Appeal:

- Unfamiliarity with University Registration systems
- Disputes regarding the denial of financial aid or the amount awarded.
- Not being aware of add/drop, waitlist, and withdrawal deadlines & policies
- Dissatisfaction with instructor, grade, course content or curriculum.

A complete request must include the following:

1. Completed, signed and dated Request for Review of Tuition Liability Form; and
2. A TYPED detailed personal statement (please limit this to 1 page); and
3. Relevant and supporting documentation that pertains to the time period at issue.
 - A letter from your physician that provided direct treatment is required for Medical Appeals however we do not accept medical records. (Relevant Documentation can be a Doctors Note, Admission / Discharge Documents from your hospital visit, Medical Leave of Absence filled out and signed by the physician the student was seeking treatment with)
 - Deployment Orders; Memo from Commanding Officer to address issues not covered by military orders are required for Military Duty Appeals
 - A copy of the Death Certificate is required for Death In the Immediate Family Appeals
4. Official withdrawal from the term/session/semester
 - Dropped from ALL classes for semester (**partial liability appeals cannot be accepted**)

A Request for Review of Liability must meet the following Criteria:

- The student has withdrawn through circumstances beyond the student's control. A direct "cause and effect" relationship can be demonstrated between the extenuating circumstances and the withdrawal from the term
- The student had not completed more than one-half of the term and has not received or will not receive academic credit for the term, and that the petition is submitted before the last day of the term that is to be considered.
- Circumstances experienced and their resulting impact were unforeseeable and/or could not have been reasonably prevented during the time period in question.
- *Relevant documentation* can be furnished from an appropriate authority to support the claim. Documentation must be signed and on official letterhead of the issuing authority and include the contact information for this authority.

Incomplete requests will be closed and denied but may be re-opened once the required documentation is submitted prior to the term in question

REQUEST FOR ADJUSTMENT OF TUITION LIABILITY

Student Name (Last, First): _____

Student ID: _____

Semester: _____

Student EMail: _____

Phone Number: _____

Level of Study (Please check one):

Undergraduate Graduate Medical/Dental Certificate/Other

Date of Official Withdrawal (as indicated by the University Registrar): _____

Date of Dropped Class(es) _____

Date of Submission of Appeal: _____

Required Documentation Checklist:

- This completed, signed and dated Request for the Adjustment of Tuition Liability Form; and
- 1 page TYPED detailed personal statement; and
- Relevant and **supporting documentation** that pertains to the academic period at issue. For additional guidance please refer to "Instructions for Submitting a Request for the Adjustment of Tuition Liability."

Authentication Statement:

By signing below I certify that the information presented is true to the best of my knowledge.

Student Signature: _____

Date: _____

Please allow approximately two to three weeks from the time of submission of all documentation.

NOTE: SUBMISSION OF A REQUEST DOES NOT SUSPEND BILLING OR STOP COLLECTIONS ACTIVITY

Please email, fax, or mail your Review of Tuition Liability form to:

Email: studentbilling@stonybrook.edu ("Tuition Liability Appeal" in subject line)

Fax: 631-632-1308

Mailing Address: Stony Brook University
Student Financial Services
PO Box 619
Stony Brook, NY 11790