



# STUDENT APPEAL FORM

For an Exception to UMUC Europe Withdrawal and/or Refund Policies

Please print clearly. All applicable areas of the form must be filled out in their entirety.

This form **MUST** be signed and dated below or it is invalid.

Student name (Last, First) \_\_\_\_\_  Undergraduate  Graduate

Contact phone number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Other) \_\_\_\_\_

Student ID \_\_\_\_\_ Semester  Spring  Summer  Fall Session  1  2 Academic Year \_\_\_\_\_

E-mail address \_\_\_\_\_

Mailing address \_\_\_\_\_

Course number \_\_\_\_\_ Date withdrawn (if applicable) \_\_\_\_\_ Refund percentage received \_\_\_\_\_

Course number \_\_\_\_\_ Date withdrawn (if applicable) \_\_\_\_\_ Refund percentage received \_\_\_\_\_

Registration center \_\_\_\_\_ GoArmyEd  Yes  No

Method of withdrawal  UMUC Field Site \_\_\_\_\_  GoArmyEd Portal  Online in MyUMUC

\*Financial aid applicant/recipient?  Yes  No UMUC account paid in full?  Yes  No

\*VA educational benefits recipient?  Yes  No

### Action Requested

- Withdrawal from class
- Withdrawal and refund percentage request
- Change of grade from "F" (or "FN") to "W" (i.e., requesting a retroactive withdrawal)
- Other: \_\_\_\_\_

### Reason for Request

- Withdrawal due to student medical reasons (Documentation must be attached. Date of occurrence must be clearly shown.)
- Withdrawal due to deployment, TDY, or military-related activities
- Withdrawal transaction attempt unsuccessful
- Other: \_\_\_\_\_

### Brief Explanation

You must attach a **typed** explanation as to why you are making an appeal — **no more than one page**.

Supporting documentation attached:

- Medical documentation from doctor, hospital, etc.
- Death certificate
- Command-level documentation supporting claim (required for military reasons)
- Other: \_\_\_\_\_

Military/civilian appeals: Student Appeal Form with orders or command-level documentation (required)

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Send appeal requests to: Registrar, UMUC Europe, Unit 29216, APO AE 09004  
Fax: +49-(0)6221-301284 or e-mail: [registrar@europe.umuc.edu](mailto:registrar@europe.umuc.edu)

Want to know the status of your appeal? Please allow a **minimum of four weeks** from the time of submission for a response.  
\*Be advised that your financial aid/veterans benefits may be affected by the appeal decision.