

DREXEL UNIVERSITY COLLEGE OF MEDICINE Tuition Remission Repayment Appeal

In accordance with the Tuition Remission policy, an employee who receives Tuition Remission and subsequently withdraws from the associated class after the drop/add period has expired will lose the benefit for that class and will be responsible for paying the full cost of tuition, as well as any related fees, for that class. If the employee withdraws from the associated class because of unforeseen work-related events, the employee may file an appeal to the Provost Office by using this form.

PAID FT EMPLOYEE OF Drexel University	STUDENT LEVEL Undergraduate PT-Evening/Day	SCHOOL ATTENDING Drexel University		
☐ Drexel University College of Medicine	☐ Graduate School	Drexel University College of Medicine		
☐ Academy of Natural Sciences of Drexel U	niversity			
Today's Date Academic	Year (e.g. 2010-2011)	University ID (<u>Look up</u>)	Vork Phone	
FT Employee Name				
I am appealing to waive tuition remission explanation is below. I have attached a		ated class after the drop/add period becaus	e of unforeseen work-related	events. My
Employee Remarks				
Supervisor Remarks				
Employee Signature	Date			
Supervisor Signature	Superviso	or Name	Date	
Dean Signature	Dean Nan	ne	Date	
SVP/Provost Signature	SVP/Prove	ost Name	Date	
Student Review: Once all approvals have been con	mpleted, send to Human Resources for review.	. Human Resources will send for Student Review.		
OFFICIAL USE ONLY				
Approved Denied Comments				
HR Signature	HR Name		Date	
Student Committee Signature		itudent Committee Name	Date	