

## 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)

### 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 is required for Medical Appeals however we do not accept medical records.
4. Official withdrawal from the term/session/semester

**Incomplete requests will be closed and denied but may be re-opened once the required documentation is submitted.**

### 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- The student has withdrawn through circumstances beyond the student's control.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. See below for examples of supporting documentation.

Reason	Examples of Relevant and Supporting Documentation
Medical Issue	A signed letter from physician/medical provider stating 1) the date(s) of the onset and duration of the condition and 2) how the condition impaired your ability to continue/complete courses. Please do NOT send medical records or bills.
Military Duty	Deployment Orders; Memo from Commanding Officer to address issues not covered by military orders.
Death in Immediate Family	A copy of the Death Certificate

- *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.

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

**Email:**

Request for Review – [studentbilling@stonybrook.edu](mailto:studentbilling@stonybrook.edu)

**Fax:**

631-632-1308

**Address:**

Office of Student Accounts, 254 Administration, Stony Brook, NY11794-1301

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**

## REQUEST FOR ADJUSTMENT OF TUITION LIABILITY

Student Name (Last, First): \_\_\_\_\_ Student ID: \_\_\_\_\_ Semester: \_\_\_\_\_

\_\_ Undergraduate \_\_ Graduate \_\_ Medical/Dental \_\_ Certificate/Other

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

Student E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Action Requested:**

Adjustment of Tuition Liability     Re-open a previously DENIED request (time limit is 30 days from initial decision)

**Required Documentation:**

- 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."

**Additional Information (please attach your personal statement separately)**

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Student Accounts Office Use Only**

Earned Credits? \_\_\_\_\_ Documentation/Petition? \_\_\_\_\_ Class Level: \_\_\_\_\_ Completed 1/2+ Term \_\_\_\_\_

Reason For Adjustment:

Tuition and Fee Charges to be Adjusted:	% or Amount to be Adjusted
Tuition	
College Fee	
Activity Fee	
Technology Fee	
Transportation Fee	
Health Services Fee	
Athletic Fee	
Academic Excellence Fee	
Recreation Fee	
<b>TOTAL</b>	

Approved As Requested: \_\_\_\_\_ Reason: \_\_\_\_\_

Approved As Requested Medical: \_\_\_\_\_ Reason: \_\_\_\_\_

Approved ACR: \_\_\_\_\_ Reason: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Erik Andersen: Bursar & Director of Student Accounts: \_\_\_\_\_ Date: \_\_\_\_\_

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