UA LITTLE ROCK

BURSAR'S OFFICE
CASHIERS / STUDENT ACCOUNTS

REQUEST FOR REFUND/ ADJUSTMENT OF ACCOUNT

Appeals will not be accepted until the student has withdrawn from the course or semester in question.

Semester_____

Student's Name_____ T# _____

Address_____

Phone # _____ Alt. Phone #_____ Email_____

In the space provided, please write the reason for filing the appeal. Attach any documentation that is specifically related to the appeal and may be beneficial when the appeal is reviewed. Once a decision is made a letter will be mailed to the student.

Failure to complete this form and/or provide documentation may cause a delay in response.

_____ _____

Student Signature Date

UNIVERSITY OF ARKANSAS AT LITTLE ROCK
2801 S. University Avenue, SSC 120 | Little Rock, AR 72204-1099
(O) 501.569.3450 | (F) 501.569.8049

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