Flat Rate Tuition Exemption Request Form

**PURPOSE:** Use this form if you are unable to meet the goal of Flat Rate Tuition by earning 30 or more hours for the academic year.

**INSTRUCTIONS:**

Attach the **REQUIRED** documentation requested on appeal form. Please PRINT and use black ink only when completing this form. Ensure your name and OU ID number are at the top of each page. Check below the term(s) you are appealing for.

**NOTE: MISSING DOCUMENTATION AND INCOMPLETE APPEAL FORMS WILL NOT BE PROCESSED!**
Have you done the following? Initial next to each to signify that you have completed the step.

_____ Signed and completed this form entirely.

_____ Provided *third party documentation* to support your appeal and reason for exemption.

_____ Attached your *personal explanation* for requesting an exemption.

_____ Written your name and OU ID at the top of each page.

Fall only and Full Year appeals **must** be received by Jan. 13th, 2017.

Spring appeals **must** be received by June 2nd, 2017.

Submit the below appeal form and documentation to:

Bursar Services
Buchanan Hall, Rm. 105
1000 Asp Avenue
Norman, OK 73019-4078

Questions? Call (405)325-3121 or email bursar@ou.edu

Requests will be submitted to the Flat Rate Tuition Appeals Committee. Until this appeal is completed, the student is responsible for all tuition and fees on their Bursar account, including all service charges. If the appeal is approved, the tuition and fees will be adjusted and charged at a per-credit-hour rate. Requests will not be retroactively granted for prior semesters. Academic Advisor recommendation does not guarantee your appeal will be approved.

*Note to Oklahoma’s Promise Recipients: Your Oklahoma’s Promise award is subject to reduction upon approval of your appeal. This will cause an increase to your Bursar balance due to being originally awarded at the Flat Rate, and later changed to per-credit-hour charges.*
Name: ___________________________ Phone: ________________
(Please Print) First M.I. Last

OU ID#: _________________________ OU Email: ________________________________

Term: □ Fall 2016 □ Spring 2017 □ Academic Year 2016-2017
(Jan. 13th, 2017 deadline) (June 2nd, 2017 deadline) (Jan. 13th, 2017 deadline)

Reason for Request – Select the option that best represents your situation and attach supporting documentation. Explain in detail why you should be exempt from paying Flat Rate Tuition. All information provided will be confidential.

□ Disability - Attach note from Disability Resource Center.

□ Study Abroad - Include proof of Study Abroad plans, including program dates. Explain why you are unable to utilize the banked hours option.

□ Internship - Explain internship requirements, number of hours worked per week, program dates, and why you are unable to utilize the bank hours option. Include proof of internship offer and requirements.

□ Contractual Agreement - enrollment limited to fewer than 15 credit hours. Attach an academic, scholarship, or financial aid agreement.

□ Curricular Structure - Attach Advisor Recommendation Form, to be requested from college-level academic counselor; explain why there is an issue and why you are unable to utilize the banked hours option.

□ Graduating Senior - Attach Advisor Recommendation Form, to be requested from college-level academic counselor. Ensure that your expected graduation date is clearly marked.

□ Official University Sponsored Activity - Students who commit 25 or greater hours per week for a substantial portion of the requested term(s); must attach documentation of time commitment and involvement. Explain why you are unable to utilize the banked hours option.

□ Special circumstance - Explain using a separate sheet. Include any relevant information to your reason for requesting an exemption. If you have questions about what type of documentation to include, contact Bursar Services.

By signing, I certify that all information provided is true and complete to the best of my knowledge. I have included all necessary documentation and understand that without documentation my request will be denied. I agree to receive a decision from the committee via my OU e-mail address once my application has been reviewed.

Student Signature: ___________________________ Date: ________________

9/22/16