



**Student Accounts Office**

4400 University Drive, MS 2E2, Fairfax, Virginia 22030  
Phone: 703-993-2484 Fax: 703-993-2490

**TUITION EXCEPTION REQUEST**

George Mason University may exempt tuition and fees from a student account provided the student meets the University’s provisions on tuition appeals, submits appropriate supporting documentation and is completely withdrawn from all of their classes. Please note: While class withdrawal is required prior to filing an exception request, academic withdrawals rarely result in financial remission. Financial exceptions are only approved in cases when something rare and unexpected occurs that precludes the student from attending all classes for a term. Appeals that do not meet the criteria for an exception will not be approved.

Please refer to the criteria at <http://studentaccounts.gmu.edu/wp-content/uploads/TuitionExceptionCriteria.pdf> for information on the appeals process or contact the Student Accounts Office at (703) 993---2484. Please be advised that filing a tuition appeal does not exempt your account from the assessment of collection and/or financial penalties when applicable. Tuition and fees must be paid when due.

Name: \_\_\_\_\_ Student G Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Indicate Term and Year of Appeal: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please provide a written explanation of the circumstances of your appeal and attach with this request. Appeals can be mailed or faxed using the address information above.

Please indicate the criteria on which you wish to appeal, and ensure appropriate supporting documentation is included with your request. Documentation should be official copies and medical letters must be on professional letterhead (Please review the medical documentation requirements on the process instructions). It is the student’s responsibility to provide complete and detailed documentation of any special circumstance from the list below. This information should include specific dates.

- \_\_\_\_\_ Extended period of illness, or injury (ongoing conditions excluded)
- \_\_\_\_\_ Extended period of illness or injury of immediate family member\*
- \_\_\_\_\_ Death of student or immediate family member\*
- \_\_\_\_\_ Military Deployment (Copy of Official Military Orders Required)

\*Note: An immediate family member is a parent, sibling, spouse, son/daughter.

**Read and Sign:** I understand that the submission of a tuition exception does not guarantee approval. I acknowledge that the information provided in my appeal is in accordance with the University’s Code of Student Conduct. Note: Please allow 30 days for a decision, although additional time may be required during peak registration and billing times, or if additional documentation is needed.

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