



PROCESS FOR FILING A PETITION FOR TUITION ADJUSTMENT

1. You must withdraw from the class. The Variance Committee will not review a petition until the student has withdrawn from the class. To withdraw you must do the following:
 - ™ Contact the College Office of the program in which you were enrolled and obtain a Change of Grade to drop your class.
2. Obtain a Petition for Tuition Adjustment form from the Student Accounting Office (SAO) by emailing studentaccounts@udmercy.edu or via www.udmercy.edu. Type in "tuition adjustment" and click "search" in the search field. This will take you directly to the Petition for Tuition Adjustment form.
3. Be sure to include the following in your petition:
 - ™ Student Name
 - ™ Student Address, Phone Number and Student ID Number
 - ™ Term and Year
 - ™ Course or courses that you are seeking an adjustment in
4. Write a complete explanation of your request; include all documentation that will support your petition. Attach additional pages of paper if necessary. Examples of reasonable requests include medical disability, unexpected employment changes or other situations beyond the control of the student.
5. Include all documentation from a third party with your request. Some examples may include:
 - ™ A letter from your Doctor indicating the period you were not able to attend school.
 - ™ A letter from your employer documenting the date the unexpected change occurred.
 - ™ A recommendation from an official office of UDM is necessary for students whose reasons fall into Situations beyond the Control of the Student
6. Submit the Petition for Tuition Adjustment as follows:

Email the Petition for Tuition Adjustment form and supporting documents to:

Lauri Landry@ landryll@udmercy.edu

Or mail this form and supporting documents to:

University of Detroit Mercy
Attn: Lauri Landry, SAO Director



PETITION FOR TUITION ADJUSTMENT

PLEASE INCLUDE ALL DOCUMENTATION TO SUPPORT THIS REQUEST (INCLUDING 3RD PARTY DOCUMENTATION). FAILURE TO DO SO WILL RESULT IN YOUR PETITION BEING RETURNED TO YOU.

STUDENT NAME _____

STUDENT ADDRESS _____

STUDENT PHONE # _____

STUDENT ID # _____

TERM AND YEAR
FOR REQUEST _____

COURSE NAME (S) _____

REASON FOR REFUND REQUEST OR CHARGES TO BE DROPPED:

Signature of Student: _____ Date: _____

OPTIONAL COMMENTS BY COLLEGE OFFICE/ADVISOR:

Authorized Signature: _____ Date: _____