

TUITION SURCHARGE REQUEST FOR REVIEW

Submit this form to the
Office of the Registrar
253 University Hall

PLEASE PRINT

Name: _____

UNC Asheville ID: _____

Address: _____

Phone Number: _____

Term Involved: _____

Email: _____

Please check the specific error you believe justifies a review.

- Entered UNC Asheville prior to 1994.
- Summer course(s), taken at any of the 16 UNC campuses, were counted instead of being exempted.
- Credit by Exam, Advanced Placement, and/or CLEP credit was counted instead of being exempted.
- Will complete degree within eight total semesters from all schools attended (transfer credits included).
- College credits earned while enrolled in high school.

Student's Signature: _____

Date: _____

Submit completed form to the Office of the Registrar, 253 University Hall CPO 1370, Asheville, NC 28804

OFFICE USE ONLY

- Surcharge was correct as computed
- Surcharge to be changed from _____ to _____

Additional comments/action needed:

Review completed by: _____

Date: _____

Student notified via email by: _____

Date: _____