

TUITION SURCHARGE REQUEST FOR REVIEW

Submit this form to the
Office of the Registrar
Ramsey 011

PLEASE PRINT

Name: _____ UNC Asheville ID: _____

Address: _____ Phone Number: _____

_____ Term Involved: _____

Email: _____ Major/Degree Program: _____

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.
- College credits earned at an out-of-state or private North Carolina college or university

Student's Signature: _____ Date: _____

Submit completed form to the Office of the Registrar, Ramsey 011 CPO 1570, 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: _____