Graduation Ceremony Appeal Form
Office of Student Business Services

This form may be used in case you have a financial situation that does not allow you to meet your financial obligation or if you have a hold on your student account with the Office of Student Business Services that is preventing you from participating in the commencement ceremony. To appeal, you have to complete this form two (2) weeks before the commencement ceremonies. If the appeal is not made within that timeframe, the appeal will not be reviewed.

Documentation for the Office of Student Business Services appeals may include receipt of any extraordinary expenses that have not allowed you to meet your financial responsibility but is not limited to:

- Letters from physicians and medical expenses receipts (on letterhead with signature).
- Letters from the employers confirming the schedule and income reduction (on letterhead with signature).
- Funeral expenses for the death of a family member (parents, children, husband, or wife).

This appeal process will allow us to evaluate your payment history to determine your eligibility for an internal payment plan. If the appeal is approved, you will be able to participate in the graduation ceremonies by completing the payment plan agreement form.

Supporting documentation must be official and legible. Your appeal cannot be reviewed until it is complete and the required documentation has been received. We respect students' privacy and will not share any part of your appeal outside of the Appeals Committee.

First & Last Name	ID Number	
Email Address	Phone Number	DOB (YYYY-MM-DD)
Address		

Please respond to the questions below to identify the necessary process to review your appeal.

1. What is your student status? (Required)

   ☐ Traditional Undergraduate

   ☐ Accelerated Degree Program Undergraduate

   ☐ Graduate

2. What semester do you intend to graduate from? (Required)
   ☐ Summer ☐Fall ☐Spring Year: _____

3. What were the extenuating circumstances or extraordinary expenses that led to this appeal? Please provide as much detail as possible, including dates of occurrences.(Required)

Student signature: _____   Date: _____

(forms without signatures/dates will not be accepted)

Supporting Documents

Medical Reason:

Letters from physicians must be on official letterhead stating the dates the student was under their care. You must present receipts for medical expenses that have been incurred during the period certified by the doctor. Due to the sensitive nature of medical circumstances, it is not required that any detailed information regarding the condition/illness be provided. Documentation from an insurance company will not be accepted as appropriate documentation.

Death of Family Member:

Receipt of funeral expenses paid for any member of the family nucleus (parents, children, husband, wife). Newspaper obituary or notice, funeral program/card, or Death Certificate will be accepted as

documentation. If you are not named in the document, please provide documentation of your relationship to the deceased.

Family-Related Reason:

Medical Expenses for taking care of ill or disabled family members – must provide a letter from the attending physician on official letterhead stating the dates the relative was ill. You must present receipts for medical expenses that have been incurred during the period certified by the doctor.

Work-Related Reason:

Students requesting a special payment plan based on an income reduction must include a letter from the employer on company letterhead with the effective date of the change in regular hours and the reason for the change in hours of employment.

Other Reasons:

Appeals for other financial reasons should include documentation and verifying the circumstances and date of your situation.

SUBMIT COMPLETED FORM TO OFFICE OF STUDENT BUSINESS SERVICES
Email: student.accounts@cuchicago.edu

———— **OFFICE OF STUDENT BUSINESS SERVICES USE ONLY** ————

☐ Approved   ☐ Deny By: _____ Date: _____

Comments: