



Unforeseen Job Changes

Tuition Appeal Review Panel

Student information

Student Name PID #

Instructions for the student: Please have your employer (i.e., supervisor, Human Resources professional, etc.) complete this form and attach it to a letter on business letterhead. The letter needs to include the name of the business, business contact information, and the signature of the person completing the form. The letter and this form need to be submitted with the completed tuition appeal form per the appeal form instructions.

Instructions for the employer - The student named above is withdrawing from Ohio University based an unforeseen job change which has, in the student's judgement, created a conflict with their class schedule. Based on that conflict, the student is appealing the tuition assessed for registration. The information below needs to be completed by the student's supervisor, a Human Resources professional or other manager with first-hand knowledge of the employment changes.

Attach a letter on business letterhead that includes the business name and contact information, the signature of the person completing this form, and details of the circumstances noted below.

Job change due to:

New position: Date offered Effective date

Change in responsibilities Effective date

Change in work shift Effective date

New position/duties require the following (check and complete any that apply):

Additional work hours, approx. increase per week Effective date

Additional on-site training, hours per week Effective date

Additional off-site training, hours per week Effective date

Additional work-related travel, hours per month Effective date

Additional supervisory responsibility, total employees supervised Effective date

Required change in location of domicile Effective date
 from (city,state) to (city, state)

Form completed by

Name Title:

Signature Date: