

Tuition Assistance Benefit (TAB) Appeal Form

Explanation of Appeal Form

Instructions

The Appeals Committee will use this form to review your request and either approve or deny the late submission appeal. Complete this form with details and facts relevant to your request. Please attach any supporting documents you may have with this form.

1. This form cannot be completed in a web browser, please download it to your desktop and open it in Adobe or Adobe Reader. **The form must be completed and saved in Adobe.**
2. This form has three required fields: Employee ID, Student ID and Signature. These fields must be completed in order to submit the form.
3. When selecting the submit button, an email will generate to tuitionbenefit@cu.edu with the completed form attached. **Send the email to submit your Appeal Form.**

Employee Information

Date: _____ Ticket # (if known): _____

Employee ID Number – **REQUIRED** Student ID Number – **REQUIRED**

Name (Last) (First) (Middle Initial)

Campus of Employment Campus of Registration

Personal Telephone Email Address

If appealing on behalf of your dependent, please complete the corresponding section.

Dependent Information

Student ID Number Campus of Registration

Name (Last) (First) (Middle Initial)

What extenuating circumstances led to the need for this appeal?

Signature: _____ Date: _____

How to Return Your Explanation of Appeal Form

- **Electronically:** If you are ready to submit your form, click on the submit button –
- **By Fax (secured):** 303-860-4299 – Keep a copy of the fax transmission report with your form for your records.
- **By Mail:** Make a copy for your records and send the original to - University of Colorado Employee Services
1800 Grant Street, Suite 400
Denver, Colorado 80203