

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]
[Recipient Name]
[Title]
[Institution Name]
[Institution Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal the decision regarding my tuition fee reimbursement for the course [Course Name/Course Code] that I completed in [Semester/Year].

Due to [explain your circumstances, e.g., medical issues, financial hardship, etc.], I was unable to [explain how your circumstances impacted your ability to fulfill tuition obligations]. I believe that these factors warrant a reconsideration of my case.

Attached to this letter are all relevant documents to support my appeal, including [list any relevant documentation, such as medical records, letters from employers, etc.].

I greatly appreciate your consideration of my appeal and look forward to your positive response.

Sincerely,

[Your Name]

[Your Student ID] (if applicable)