



TUITION AND FEES REFUND APPEALS FORM

Name: _____

Student ID # (B#): _____

Address: _____

Phone: _____

Email: _____

Appeal Term: (Must be within one year) _____

Choose all that apply:

- I have withdrawn from classes
- The "W" period on the semester in question has ended

I am requesting an appeal based on the following:

- Family Emergency/Unexpected Financial Crisis

Please include an explanation of emergency and how/why it interferes with your ability to continue as a student and any supporting documentation available

- Death in immediate family

Relationship of deceased: _____

Please include death certificate or obituary notice as documentation

- Unanticipated Medical Condition

Please include a Medical Documentation Form completed by your provider

- College Error

Please include an explanation of the error and a dated letter on letterhead from appropriate official/department citing College error

I have read and understand the following as well as the “Tuition and Fees appeals instructions” web page.

- All information submitted is strictly confidential.
- Submitting an appeal with documentation does not guarantee a refund, reduced tuition and fees, or in the removal of assigned collection fees.
- Financial aid awarded for the requested term will be subject to the published policies.
- Submitting an appeal does not exempt the student from financial hold or collection costs.

I acknowledge that the staff who review my appeal have access to my academic, financial and disciplinary records for purposes of reaching a decision on this appeal. To the best of my knowledge, all of the information on this form and attachment(s) is complete and accurate. I attest that I am the student and I am submitting this form on my own behalf.

Signature of submitter: _____

Relationship to student: _____

FERPA release code word (required if submitter is not the student):



Tuition and Fees Refund Appeal Medical Documentation Form

Student Name: _____

Student ID #: _____

Instructions for Physician: The above student has submitted an appeal of his or her tuition and fee charges based on a medical condition. Please provide the requested information.

- Diagnosis/explanation of the student's present medical condition. Please do not use abbreviations or insurance codes. Attach additional sheets if necessary.

- When did the student's medical condition begin? _____
- Dates of treatment: _____
- Does this medical condition prevent the student from being able to attend classes or complete coursework?

 If yes, as of what date: _____
 If yes, please explain:

I certify that, in my best professional judgment, this student is unable to attend classes and complete coursework due to the injury or illness described above.

Physician's signature and date _____

Printed Name of Physician _____

Address & Phone _____

License Number _____