

# Tuition Refund Appeal Application

Student's Name \_\_\_\_\_ Banner ID \_\_\_\_\_

We ask that you complete this form, attach appropriate documentation and explanation detailing the reason the student was unable to withdraw within the defined tuition refund time table so the Appeals Committee may best understand and act upon your request. The Committee will determine if a refund or adjustment of charges is possible. ***Filing this form does not guarantee a refund of expenses paid or adjustment of charges.*** You will be notified in writing as to the committee's determination on your application.

Additional information may be required before any consideration of your request can be made. Decisions of the appeals committee are final. Further appeals will be reviewed only if new information or circumstances arise, in which case a new application must be completed. **All requests for review must be made by the end of the term in which their withdrawal or leave of absence occurred.**

## GENERAL CIRCUMSTANCES

**Family**

Letter stating why situation in family required your withdrawal. Letter from doctor, or third party as to current family situation and how and why the situation prevented completion of the term.

**Medical**

Letter stating current medical condition that required the withdrawal **in addition** to a letter from doctor on why the withdrawal was required.

**Personal**

Letter stating current personal situation requiring withdrawal.

**Other**

On a separate page, please detail other special circumstances that do not fall under one of the categories above you would like the committee to consider in re-examining your tuition charges.

**Check all that apply and provide as much supplemental documentation as possible.**

**Additional Documentation:** Examples of supplemental documentation are listed above when applicable. Please include as much detail and documentation as possible regarding your situation. A letter explaining your situation and future plans is helpful.

Please return this sheet along with any supporting documentation to Enrollment Services. The Committee may **request additional and more detailed documentation.** The process will be delayed or discontinued if all requested documents are not received within the term the student withdrew.

***All communication will be to the student unless student provides parent contact information below. If parent contact information is provided, both student and parent will receive communications.***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent Phone Number(s) \_\_\_\_\_

This form & documentation should be faxed to 216.397.3098, e-mailed to [appealscommittee@jcu.edu](mailto:appealscommittee@jcu.edu), or mailed to John Carroll University, Enrollment Services 1 John Carroll Blvd., University Heights, OH 44118.

If you have questions you may contact 216.397.4248