Tuition Refund Appeal Application

Student's Name	Student ID
Appeals Committee may best understand and a	propriate documentation and detail about the nature of your appeal in writing so the act upon your request. The Committee will determine if a refund or adjustment of charges a refund of expenses paid or adjustment of charges. You will be notified in writing as to ation.
final. Further appeals will be reviewed only if no	any consideration of your request can be made. Decisions of the appeals committee are ew information or circumstances arise, in which case a new application must be ade by the end of the term in which their withdrawal or leave of absence occurred.
	GENERAL CIRCUMSTANCES
Family	
_ ·	y required your withdrawal. Letter from doctor, or third party as to current ne situation prevented completion of the term.
Medical	
	tion that required the withdrawal in addition to a letter from doctor on why the
Personal	
Letter stating current personal situa	tion requiring withdrawal.
Other	
1	her special circumstances that do not fall under one of the categories above you er in re-examining your tuition charges.
Check all that apply	and provide as much supplemental documentation as possible.
	emental documentation are listed above when applicable. Please include as much detail situation. A letter explaining your situation and future plans is helpful.
	ting documentation to Enrollment Services. The Committee may request additional and Il be delayed or discontinued if all requested documents are not received within the term
All communication will be to the student unle provided, both student and parent will receive	ss student provides parent contact information below. If parent contact information is communications.
Student Signature	Date
Student Phone Number	
Parent Name(s)	
Parent Email	
Parent Phone Number(s)	