

PETITION FOR TUITION REFUND & POLICY EXCEPTION

GUIDELINES

Categories (Please check the box next to the category most appropriate for your circumstance and provide the required documentation):						
Guidelines	Qualifications	Documentation Required				
☐ Medical	Incapacitating injury or illness to yourself or an immediate family member of such severity or duration that you will not be able to successfully attend or complete the quarter.	 Written explanation of circumstance from student. A verification letter from Healthcare provider to substantiate the impact of illness or injury. This letter must include a brief statement of medical condition and how it prevented student from attending class and restricted their ability to successfully complete their academic obligation. Statement must be on letterhead and include Healthcare providers name and signature. An admittance form from the Emergency Room is not sufficient. Dates and duration of illness should be included. 				
☐ Call to active U.S. military duty	Call to active military duty after the 5th calendar day of the quarter.	 Written explanation of circumstance from student. Military orders showing the effective date of deployment. 				
☐ Death	Death of the student or member of the immediate family (ex: parent, sibling, child, spouse/partner)	 Written explanation of circumstance from student. Death certificate, obituary notice, or news clipping naming student or immediate family member. 				
☐ Administrative Error	Based on circumstances stemming from an administrative/institutional error.	 Written explanation of circumstance from student. Written statement (on official letterhead) or email from the SVC department explaining how SVC was in error. 				
☐ Other Hardship	Student experienced an extenuating circumstance out of his/her control.	 Written explanation of circumstance from student. Documented proof of the extenuating circumstance along with clear reasoning linking the extenuating circumstance to the inability to complete the quarter. 				

Petitions without supporting documentation will be returned to you unapproved.

PLEASE COMPLETE

Name		S	ID Number	
Address				
City		State		Zip
Phone Number				
Degree / Certificate Pro	gram (if any)			
☐ I hereby petition for	withdrawal from the follo	owing class(es) for	Q	Quarter 20
Line Number	Department	Course Number	Section	Last Day of Attendance
I am requesting a tu exception.	ition refund due to an en	mergency medical situatio	on, call to active m	ilitary duty and/or policy
		Required Documentation		
Petitio	ons without supporting	g documentation will be	returned to you	unapproved.
AND Documentation supp A. Doctor's do B. Military Ord C. Documenta documents	cumentation - on clinic/h ers – attach Military Ord tion to support death of i showing your relationsh or: Written statement (or	est, please circle the typ nospital letterhead with de lers if called to active duty immediate family membe ip to the deceased.	etailed doctor's info / r – attach death co	
for a refund beyond regular documentation. Petition unanticipated situations otherwise known condition not constitute active mile	ular deadlines must with s are only considered fro that prevent a student fo ions that pre-existed the	draw from the courses, a com students who submit of the completing their acache beginning of an academ petition does not guarant	nd submit this pet documentation of a demic obligation a ic quarter. (Note: I	lents who wish to be considered lition with supporting a call to active military duty or Ind is not intended for chronic or Reserve duty training does This petition must be submitted
I have read and underst	and the college's refund	policy:		
Signature		Date		
		For Office Use Only		
Petition: Granted	Denied	Refund:	None 50°	% 100%
Category Met: A B C I	D E N/A	Reviewed	by:	
Comments:				