

## **REFUND PETITION**

The Refund Petition is designed to address exceptional student-initiated requests regarding refund policy.

Petitions will only be accepted for financial matters occurring within the year prior to the date of this petition. Students should be aware the process could take several weeks. Please follow the steps indicated below:

- 1. Complete all fields for student personal information. Local phone number must be current should we need to contact you. Your local address is required so that we may mail you a copy of the processed petition.
- 2. List ALL course sections that the petition pertains to. If there are not enough rows below, please attach a print-out of your semester schedule and highlight the course sections.
- 3. Choose Refund or Reversal of Tuition Charges
- 4. Enter CWC ID or Social Security Number, sign and date this form.
- 5. State the reason for the petition, provide a detailed statement as to why you feel exception should be made to the Refund Policy and attach the necessary documentation to support the reason.

INDEN I S N	IAME:			LOCAL PHONE			
OCAL ADDR	ESS:						
Street			City		State	Zip	
l ar	n petitioning	for <b>EXCEPTION</b> to	the Refund Poli	cy as outlined i	n the current cat	alog.	
st all course	e sections bel	ow that this petitic	on pertains to:			_	
TERM	DEPT.	COURSE NO.	SECT. NO.	ECT. NO. COURSE TITLE			
SAMPLE 09FALL	МАТН	1000	02	Problem Solving			
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percer	REFUND: Full nt of the class, REVERSAL OF they are requistrative costs	refund for tuition ar with no refund ther  TUITION CHARGES: esting to be withdraw of reserving a seat in	eafter. For students wh wn. Fees will be n the class.	no have not paid retained by the (	the tuition for the College to cover th	courses fro e	
HAVE READ	THE REFLIND I	2()  ( Y IN THE ( ATA	LOG. AND LUND	FRSIANI) IHF ((	JIVI FIVEN OF LEAL	PARTICULA	
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STATE THE REASON FOR THE PETITION AND ATTACH THE NECESSARY DOCUMENTATION TO SUPPORT THE REASON (Documentation may include medical information, instructor's comments, advisor's comments, etc.)							
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## FOR OFFICE USE ONLY **FINANCIAL AID OFFICE:** Yes / NO = Title IV Federal Aid Yes / NO = Other Funding Disbursement Date: \_\_\_\_\_ Recommendation of Financial Aid Office: Signature Date ASSISTANT DEAN OF ENROLLMENT SERVICES: Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_ Comments: Signature VP OF ADMINISTRATIVE SERVICES: Approved Date: \_\_\_\_\_ Denied Date: Comments: Signature Date DATE SENT TO STUDENT: BACK DATE IF USED:

INITIALS of Records Staff: