



REFUND PETITION

The Refund Petition is designed to address **exceptional** student-initiated requests regarding refund policy. **The Refund Petition is for Tuition only. General Fees and Course Fees will not be refunded.**

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. Students will receive notification of approval or denial through student CWC email. 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. Enter CWC ID or Social Security Number, sign and date this form.
4. 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.

Current students will receive notification of petition status through student CWC email.

Former students will receive notification of petition status through the following email: _____

STUDENT'S NAME: _____ LOCAL PHONE _____

MAILING ADDRESS: _____
Street City State Zip

I am petitioning for **EXCEPTION** to the Refund Policy as outlined in the current catalog.

List all course sections below that this petition pertains to:

TERM	DEPT.	COURSE NO.	SECT. NO.	COURSE TITLE
SAMPLE 09FALL	MATH	1000	02	Problem Solving

I HAVE READ THE REFUND POLICY IN THE CATALOG, AND I UNDERSTAND THE CONTENTS OF THAT PARTICULAR WRITTEN POLICY.

CWC ID # or SS#

Petitioner's Signature

Date

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.)

Lined writing area with 20 horizontal lines.

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

REGISTRAR:

Approved Date: _____

Denied Date: _____

Comments: _____

Signature

Date

VP OF ADMINISTRATIVE AFFAIRS:

Approved Date: _____

Denied Date: _____

Comments: _____

Signature

Date

DATE SENT TO STUDENT: _____

BACK DATE IF USED: _____

INITIALS of Records Staff: _____