



Date Received: \_\_\_\_\_

# Extraordinary Circumstances Tuition Refund Appeal Form

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Please note: The following circumstances will NOT be considered: change in employment situations, inability to transfer a course, misunderstanding the start date or dates of class, normal illnesses, transportation issues, poor decisions or change of mind regarding course selection, or dissatisfaction with course content.**

**All Tuition Refund Appeals must be received no later than one semester after the course(s) were taken.**

SEMESTER FOR WHICH YOU ARE APPEALING: \_\_\_\_\_

**To proceed with the appeal process, you MUST:**

- ✓ **WITHDRAW** from the course(s) for which you are appealing before submitting this form.
- ✓ If you are receiving Financial Aid (including grants, loans, scholarships, work study, and tuition benefits) You **MUST** speak to a Financial Aid representative.

Financial Aid Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

- ✓ **PROVIDE APPROPRIATE JUSTIFICATION & DOCUMENTATION**

**Please check the circumstance which applies, and provide the appropriate documentation. If documentation is not attached, the appeal will be processed only with the information you supply. Appeals are not reviewed a second time with new information.**

\_\_\_ **Course Related Issues:** If your petition is related to a course please complete these three steps:

- 1) Discuss these issues with the **instructor**. If it cannot be resolved,
- 2) Discuss the issue with the appropriate department **chairperson/coordinator**, and if it cannot be resolved,
- 3) Discussion the issue with the **Dean of Academics**.

If there is a decision from the Dean of Academics, please provide a written copy on college letterhead.

\_\_\_ **Military Duty:** Induction of the student into the US Military.

- Submit the induction notice or your military orders that clearly displays the date of induction or call up.

\_\_\_ **Withdrawal for Illness:** A physician or mental health professional must:

- Describe in writing your medical condition (whether injury or illness), how it has incapacitated you, and recommend withdrawal of all courses or specific courses and the reasons why.
- This statement must be on the provider's letterhead and signed by the health provider.
- Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments are NOT acceptable documentation.

\_\_\_ **Withdrawal for Bereavement:** Death of an immediate family member or death of the student:

- Submit a death certificate, obituary, or death notice. Documents must clearly indicate the relationship of the deceased to the student.

\_\_\_ **Verifiable Administrative Error of GCC:** Provide a detailed account of the problem and relevant documents, on College letterhead, from the office involved indicating the administrative error and the problem that has resulted for the student.

\_\_\_ **Other (Please List):** \_\_\_\_\_

**Read these statements carefully:**

- I am applying for a Tuition Refund. I have attached all documentation that I would like reviewed. I assume all responsibility for any enrollment changes that may occur.
- I understand that by submitting this Tuition Refund Appeal I may owe money back to GCC for my tuition, fees, and bookstore purchases. If I receive(d) financial aid, I have spoken with the Director of Financial Aid or a Financial Aid representative.
- I understand that if I receive enrollment certification for insurance purposes I may be contacted by my insurance company and my eligibility for insurance and coverage may change if the refund appeal is approved.
- I have withdrawn from the course(s) being appealed and am not longer attending (if applicable). Once this Tuition Refund Appeal is submitted, the process is irreversible. **I understand the decision of the Tuition Refund Appeal Committee is final.**

By signing below, I indicate that I understand each item above and I am certifying that the information I am providing is true. Misrepresentation of fact or documentation may be sufficient cause for automatic denial of this appeal and may be in violation of the Student Conduct Code.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To submit this form and all documentation you can**

- **go to the Bursar's Office in person OR**
- **Fax to (203)285-2001 Attention: Appeals Coordinator OR**
- **E-mail to jcornell@gatewayct.edu OR**
- **mail to the address below:**

**Tuition Refund Appeals Coordinator  
Gateway Community College Business Office  
20 Church Street, New Haven, CT 06510**