

LAKES REGION COMMUNITY COLLEGE

Financial Appeals Request Form

Please return complete form to Kristen Purrington @ the One Stop Office. email: kpurrington@ccsnh.edu or fax: 603-524-8084.

The CCSNH Board of Trustees has established a policy that precludes refunds for courses not officially dropped by the established drop deadlines. Please refer to the published calendar date for the relevant term. The Board policy is not intended to be punitive but is based upon the assumption that once registered, a student has made a commitment to attend and complete the course. Naturally, this carries with it a financial responsibility for the student to pay for the course. Students who cannot complete a course or the semester due to extenuating circumstances, may request a tuition appeal to have the cost of tuition and fees adjusted. Unless an extension is granted by the Vice President for Academic and Student Affairs, you have 45 days from the date of the withdrawal to file a Tuition Refund Appeal.

The Board of Trustees, however, gives the President of the institution some flexibility to deal with **extenuating circumstances**. To be considered, the extenuating circumstance must meet the following criteria:

1. Have been unforeseen by the student prior to the deadline to drop with a refund date
2. Have been the cause of the need to withdraw from the course and that the student has actually withdrawn from the course

What are appropriate circumstances for an appeal?

- **Personal Illness** – Personal illness involving hospitalization or extended home confinement under a physician’s supervision or illness of an immediate family member.
- **Death** – of the student or an immediate family member.
- **Employment** – Change in student’s work schedule beyond student’s control and in which the student and/or family are dependent.
- **Legal** – Submit official documentation of jury duty, court dates, etc.
- **Accident** – An accident that prohibited your continued attendance
- **Administrative error**

These are some of the circumstances that will **NOT** be considered for an appeal (not exhaustive):

- Incomplete documentation
- Missed deadline for submitting an appeal
- Change in employment
- Misunderstanding of start date and classes
- Inability to transfer course to another college/university
- Failure to seek academic and/or financial advisement before registering
- Dissatisfaction with a course content, professor or grade
- Students receiving any collection notification will NOT be considered by the Tuition Appeals Committee
- Involuntary Withdrawals will NOT be considered by the Tuition Appeals Committee

Required Documents (Documentation is required for ALL appeals)

- Signed and dated Tuition Refund Appeal (You must officially drop the course(s) that you are appealing).
- Submit a personal statement explaining the extenuating circumstances surrounding your request. The statement should explain the extenuating circumstances that support your appeal. Below are some helpful questions you can include in your statement:
 - What are you requesting?
 - What happened to create the situation?
 - When did it happen?
 - How did it impact your academic attendance?
 - What prevented you from withdrawing from classes prior to the Deadline to Drop with a Refund date?

Please submit supporting documents on official letterhead. Note: Submission of documentation does not guarantee a favorable finding in the appeal.

Examples of Appropriate Documentation for Appeals

Academic

- Advisement Form
- Registration printout
- College printed material
- Letter from instructor, counselor or staff

Health

- Hospital record
- Doctor’s note on letterhead
- Death certificate
- Letter from funeral director
- Birth Certificate
- Letter on letterhead from therapist/ social worker

Other

- Court Records
- Police report
- Passport/VISA
- Plane tickets
- Letter from agency
- Letter from clergy

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Please be specific in your written explanation. A decision will be made within 4-8 weeks and will be communicated in writing.

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Student ID Number: _____ Date of Birth: _____

Term/Year in Question: Fall _____ Spring _____ Summer _____

Advisor: _____

Course(s) in Question: _____ _____

What are you requesting? Credit Refund Credit for future classes Waiver

Other: _____

Note: if appeal is granted, any credit on the student's account will be first applied to outstanding balances.

Explanation (See Cover Page for Guidance): _____

Signature _____

Date _____