

# **REFUND REVIEW FORM**

Date	Program:	□ UG	☐ GR	☐ Other
Name			ID#	
Address				
				ne#
Refund request for which term?	☐ Fall	☐ Spring	☐ Summer	☐ Winter Interim Year:
For which are you requesting a re	efund?	☐ Tuition	☐ Fees	
If tuition, for which course(s)?				
If fees, please specify:				
As stated in the Student Handbo attend courses or failure to pay f				
State why you are requesting a re information, and all supporting do		-		s, names, and other pertinent tinue on the other side if necessary.
Signature			Date	
Board Decision			Revie	ew Date



## REFUND REVIEW INFORMATION

#### STATUTE OF LIMITATIONS

Appeals for summer, fall, and spring terms are reviewed only within the same fiscal year, July 1-June 30.

#### STUDENT RESPONSIBILITY

It is the student's responsibility to know and understand the refund policies of the school as published in the Official Course schedule and the Student Handbook.

Please note that failure to pay for courses does not constitute an official drop or withdrawal.

#### PROCEDURES FOR APPEALS TO THE REFUND REVIEW BOARD

- 1) The Refund Review form is available from these offices:
- Registrar (Registration and Records)
- Continuing Studies
- Summer, Teacher, and Early College Programs
- Student Financial Services
- Academic Advising and Student Success
- 2) Complete the form and return it to the Registrar's office, rm. 1450, 36 South Wabash Avenue, Monday through Friday, between 8:30 a.m. and 4:30 p.m.
- 3) Be sure to have a doctor's statement which includes the dates of treatment/illness and the degree of debilitation if the request is being made due to a medical reason.
- 4) The Board will review the request and make a determination. (The Board meets weekly; biweekly over the summer).
- 5) Written notification will be sent to the student of the Board's decision.

### THE DECISION OF THE REFUND REVIEW BOARD IS FINAL.