

Tuition Appeal Guidelines

Tuition Appeals are for students who are requesting a refund or balance waiver of their tuition charges due to extenuating circumstances that **prevented attendance**. **Students who complete their coursework and earn valid final grades do not qualify for a balance waiver or tuition refund.** Students must be withdrawn from their courses to receive a tuition refund or balance waiver. **All grades received and recorded on the student's transcripts will not be affected by this process and will remain as part of the student's academic record.** The Committee CANNOT change grades or drop/withdraw the student.

All Tuition Appeal Forms must be submitted with a letter of explanation from the student *and* be accompanied by copies of verifiable documentation showing your inability to attend. Appeals that do not give an explanation of your inability to attend the term in question will be denied. Appeals written "on behalf of" the student will not be accepted.

The Tuition Appeals Committee will consider requests for adjustments to tuition charges when a student can **document** extenuating circumstances such as:

- **Student Illness**: A note from your medical provider on their letterhead indicating the dates you were unable to attend class. The note must be signed by your medical provider. The medical condition does not need to be disclosed to the committee. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation. ***Do NOT send copies of your medical records.***
- **Illness of immediate family member**: (parent, child, spouse, sibling, or grandparent) A note from your family member's medical provider on their letterhead indicating the dates of illness and need for a caregiver. The note must be signed by the medical provider. The medical condition does not need to be disclosed to the committee. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation.
- **Death of immediate family member**: (parent, child, spouse, sibling, or grandparent) Submit a copy of the death certificate, obituary or death notice. ***Documents must clearly indicate the relationship of the deceased to the student.***
- **Military deployment**: A copy of the official deployment/reactivation notice. Deployment and reactivation dates must be within the semester you are appealing.
- **Change in employment** beyond the student's control that prevents the student from attending the classes for which he/she is registered. A letter from your employer on company letterhead indicating the **reason, date, and new days and times** of the change in work schedule. The new work schedule must conflict with class times to be valid.
- **Verifiable Error of CCRI**: Provide a detailed account of the problem and relevant documents on College letterhead from the College Office involved or advisor indicating that incorrect information was given by a College representative.
- **Other**: Provide a detailed account of the extenuating circumstance and submit copies of supporting documentation.
- **COVID-19 related issue**: loss of income (provide employer verification or proof applied for UE benefits); increased work hours (provide employer verification of new hours); loss of childcare or assisting your school age children with their online learning (provide copy of child's birth certificate)

Supporting documentation must be dated for within the term in question. Documentation dated for before or after the specified term will not be accepted.

Examples of reasons **NOT** accepted are:

- Appealing for non-refundable registration fees
- Appealing Bookstore charges
- Class assignments not met (see Department Chair)*
- Issues between the student and the instructor (see Department Chair)*
- Disciplinary Action
- Unaware of drop schedule
- Didn't like the instructor, their teaching methods, or the course for which you registered
- Incorrect course advising recommendations provided by "other" college
- Instructor says they will take care of it. Student is responsible for changes to his/her schedule
- Non-attendance

*** Please note:** If your circumstance is due to an issue with the instructor, curriculum, or class instruction methods, please visit with your instructor, Department Chairperson or the appropriate Academic Dean over your circumstance before attempting this process. **Appeals for this reason MUST be accompanied by a refund recommendation letter from either the Department Chairperson or appropriate Dean from Academic Affairs.** Grade assignments and other academic issues are not within the scope of these procedures and are addressed in the Student Handbook.

Tuition Appeal Form

Complete this form and submit along with your letter of explanation and copies of supporting documentation to **tuitionappeals@ccri.edu** or fax **401-825-1148**

Name _____ Student ID # _____

Email Address _____ Phone Number _____

Semester appealing for: Spring ___ Summer ___ Fall ___ Year _____ Receiving Financial Aid: Yes ___ No ___

Specify Request: Tuition Refund _____ or Balance Waiver _____

Check Reason for Appeal

- Student Illness:** A note from your medical provider on their letterhead indicating the dates you were unable to attend class. The note must be signed by your medical provider. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation. Do NOT send copies of your medical records.
- Illness of immediate family member:** A note from your family member’s medical provider on their letterhead indicating the dates of illness and the need of a caregiver. The note must be signed by the medical provider. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation. (Immediate family is defined as: parent, grandparent, sibling, child, spouse)
- Death of immediate family member:** Submit a death certificate, obituary or death notice. Documents must clearly indicate the relationship of the deceased to the student. (Immediate family is defined as: parent, grandparent, sibling, child, spouse)
- Military deployment:** A copy of the official deployment/reactivation notice. Deployment and reactivation dates must be within the semester you are appealing.
- Change in employment:** Beyond the student’s control that prevents the student from attending the classes for which he/she is registered. A letter from your employer on company letterhead indicating the reason and date of the change in work schedule.
- Verifiable Error of CCRI:** Provide a detailed account of the problem and relevant documents on College letterhead from the College Office involved or advisor indicating that incorrect information was given by a College representative.
- Other:** Provide a detailed account of the extenuating circumstance and submit copies of supporting documentation.
- COVID-19 related reason:** Loss of income (provide employer verification or proof applied for UE benefits); increased work hours (provide employer verification of new hours); loss of childcare or assisting your school age children with their online learning (provide copy of child’s birth certificate)

Attached to this **(1) Appeal Form** is **(2) my Letter of Explanation** clearly explaining what caused my inability to attend the term in question, and **(3) copies of the appropriate Supporting Documentation**. The responsibility for ensuring that Community College of Rhode Island has received the needed documentation rests with the student filing this Appeal.

BY SIGNING BELOW, I UNDERSTAND THE FOLLOWING:

- I understand that I am responsible for withdrawing from my class(es), the committee will not withdraw me.
- I understand that if I have not withdrawn from the semester, the committee must wait until final grades are submitted before a decision can be made on my appeal.
- I understand the Tuition Appeals Committee will notify me by email of their decision regarding my appeal, decisions will NOT be given over the phone.

Student Signature

Date

DO NOT WRITE BELOW THIS LINE

Committee Actions

- Approved
- Pending Additional Documentation
- Denied

Notes: _____

Committee Member Signature

Committee Chair Signature

Date _____