

## Tuition Appeal Form

- ✓ Complete this form and submit to the **Tuition Appeals Committee, Student Services, Community College of Rhode Island, 400 East Avenue, Warwick, RI 02886. Or fax to 401-825-1148**
- ✓ Be sure to include appropriate documentation (see below)
- ✓ Falsifying information on this Appeal will result in immediate denial and may be grounds for sanctions as outlined under the Student Code of Conduct

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

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

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 physician or medical provider on their letterhead indicating the dates you were unable to attend class. The note must be signed by your physician or 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 physician or medical provider on their letterhead indicating the dates of illness and the need of a caregiver. The note must be signed by the physician or medical provider. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation.
- 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.

Attach a letter of explanation clearly explaining your situation and the reasons why you feel the tuition should be waived or refunded. Include the reason you were unable to follow the usual refund/drop procedures. Please be as complete as possible. Also attach **COPIES** of the appropriate documentation needed to support the reason you checked above. The responsibility for ensuring that Community College of Rhode Island has received the needed documentation rests with the student filing this Appeal.

- By signing this Appeal I acknowledge that I am responsible for withdrawing from my class(es).
- Attached is a letter of explanation and the supporting documentation. Student Letter must accompany this form for consideration.
- I understand the Tuition Appeals Committee will notify me in writing of their decision regarding my appeal.
- I have spoken to a Financial Aid Representative regarding the impact this appeal may have on my financial aid.
- I have reviewed the information contained in this document and **BY SIGNING BELOW, I UNDERSTAND THE IMPLICATIONS OF MY APPEAL.**

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

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

**Committee Actions**

- Approved
- Pending Additional Documentation
- Denied

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Committee Chair Signature

Date \_\_\_\_\_