



Appeal for a Review of Fee Charges and/or Fee Refunds

STUDENT SUPPORT SERVICES

A student has the opportunity to appeal for a review of fee charges or the amount of fee refunds if he/she had an unusual circumstance that impacted his/her college attendance. The appeal must be in writing using this form and be accompanied with verification/documentation of the unusual circumstance. Additional pages of explanation may be provided and attached. An Accounts Receivable Specialist and the Dean of Student Development and Registrar or their designees will review the appeal. A written response to the appeal will be sent to the student within 5 business days after the review meeting.

Name _____ ID# or SSN _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Email address _____

Why are you requesting the review?

What academic term and year do you want reviewed?

What is the outcome that you seek?

You must complete the reverse side of this form and provide verification of your unusual circumstance.

Please identify (X) the unusual circumstance that applies to your request:

- Prolonged illness. Provide a physician's statement or attendance excuse indicating the dates that you were unable to attend school.
- An accident resulting in an injury. Provide a physician's statement or attendance excuse indicating the dates that you were unable to attend school.
- Prolonged illness or injury of a dependent. Provide a physician's statement or attendance excuse indicating the dates that your dependent required your care.
- Death of an immediate family member. Provide a copy of the obituary indicating your relationship to the deceased.
- Change in employer requirements. Provide a statement from your employer on company letterhead indicating the nature of the work change and the effective dates.
- Error on the part of the College. Provide a statement from the College member familiar with the error explaining the nature of the error.
- Other (please state below)

You must provide verification to prove your unusual circumstance.

Any further comments:

I certify that all of the information that I have provided on this form is true and complete. I understand that my appeal may not be acted upon unless I provide a verifying document.

Student's Signature _____ Date _____

Submit this completed form and verification to the Dean of Student Development and Registrar, Terra Community College, Roy Klay Hall, 2830 Napoleon Rd., Fremont, OH 43420, FAX 419-334-9035, email dstearns@terra.edu.

For office use: Date appeal form received _____ Date verification received _____
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