



Student Appeal Petition for Medical / Compassionate Withdrawal and / or Review of Billing Charges

The Student Appeal Petition for a Medical / Compassionate Withdrawal and / or Review of the Billing Charges allows students to petition for a hardship course withdrawal and / or an adjustment of their charges. The Associate Dean of Students will review all student requests individually and make a determination based on Federal, State, and Institutional policies. Students submitting an appeal will need to meet all requirements and stipulations stated below before the petition will be reviewed. The Associate Dean of Students will review petitions and notify students in writing by Terra State e-mail (Office 365) of the findings.

APPEAL REQUIREMENTS	APPEAL STIPULATIONS
*Entire form must be completed in order to be reviewed. *Documentation associated with appeal must be attached & clearly identify the unusual or extenuating circumstance. *Charges must still reside at Terra State & not have been transferred to the OH Attorney General's Office (OAG). *One appeal per issue.	*Un-Appealable issues include, but are not limited to: Grade change requests, missing the 100% drop date, Academic Probation or Suspension, Return of Title IV Funds, & charges that reside with the OH Attorney General's Office (OAG).

Student Name: _____ **Student ID:** T00 _____
Please Print Legibly

Address: _____
Include street, apartment, city, state, zip

Terra E-Mail: _____ **@terra.edu** **Telephone:**(____) _____

Term requesting appeal: ___ Fall ___ Spring ___ Summer **Year: 20** _____

I have dropped my classes in BANNER: **yes** **no**

If not, log into your BANNER Self-Service to drop classes, if possible: **yes** **no**

Examples of Acceptable Documentation to Support Petition		
	Medical Condition of Self or Immediate Family Member	<ul style="list-style-type: none"> Signed & Dated statement from physician (on letterhead) Medical documents
	Death of Immediate Family Member	<ul style="list-style-type: none"> Obituary or Death Certificate indicating relationship to student
	Hardship	<ul style="list-style-type: none"> Documentation of extenuating circumstances preventing attendance and / or impeding successful academic performance
	Caregiver Obligations	<ul style="list-style-type: none"> For relationship other than dependent, signed physician statement of relationship and obligation of caregiver Signed statement or document written on letterhead from third-party indicating relationship and obligation of caregiver (i.e. hospital, school, company, etc)
	Change in Employer Requirements	<ul style="list-style-type: none"> Signed & Dated statement from employer / supervisor on company letterhead
	College Error	<ul style="list-style-type: none"> Signed & Dated statement from college official indicating error written on letterhead

I will be attaching a typed personal statement to support my appeal (optional): **Yes** **No**

Potential topics to include: specification of the outcome(s) you desire from the appeal; your goals & approach for being successful in future semesters; what circumstances led up to the event indicated; etc.

Please read the following and initial each statement indicating that you understand:

- _____ I understand and certify to the best of my knowledge, that I meet all eligibility requirements listed above.
- _____ I understand that the appeal petition will not be considered complete until all portions are completed and all applicable documentation is submitted.
- _____ I understand that submitting an appeal is not a guarantee of approval; consideration is based on Federal, State, and Institutional policies.
- _____ I certify that I reviewed the 100% Drop Date(s) and am now facing financial consequences if this appeal is denied.
- _____ I understand that my appeal is reviewed on a case by case basis and I will be notified by Terra State e-mail (Office 365) whether the petition was approved or denied. If approved, the Terra State e-mail message will also indicate any additional steps or terms of the appeal decision that I must abide by.
- _____ My last date of attendance was _____, TSCC is authorized to withdraw me as of this date.
- _____ I understand that I am not present during the Appeal Petition review process; therefore, the documentation and explanation of extenuating circumstances submitted by me is used to make the final Appeal Petition decision.

Student Signature: _____ **Date:** _____

Terra State Office use only

Associate Dean of Students: Approved | Denied | Date Initials

Notes: _____

Financial Aid Office: Evaluated | Date Initials

Notes: _____

Cashier Office: Evaluated | Date Initials

Notes: _____

Records Office: Dropped | Approved LDA | Date Initials

Notes: _____

Financial Aid Office: R2T4 completed | Date Initials

Notes: _____

Cashier Office: Forgiven | Amount | Date Initials

Notes: _____

Final Decision of Vice President of Student and Enrollment Services: if applicable

Approved | Denied | Date Initials

Notes: _____

Records Office: Final Processing | Upload App Ext | Emails sent

Notes: _____ | Date Initials