Tuition Refund Appeal

Students registered for a course(s) must withdraw or petition for a late withdrawal/drop prior to requesting a refund. To withdraw/drop a course see the Registration Petition Form.

Students who have withdrawn from all courses wanting to request an additional refund of tuition and fees due to extenuating circumstances please submit the following:

1. Tuition Refund Appeal
2. Written statement citing extenuating circumstances
3. Additional supporting documentation if applicable such as an instructor or advisor statement, the medical/psychological verification form, employer statement, copy of an approved registration petition, etc.

Submit the completed Tuition Refund Appeal form with supporting documentation or direct questions to businessservices@stcloudstate.edu .

Or mail to: SCSU Business Services, AS 123, 720 4th Avenue South, St. Cloud, MN 56301

Tuition Refund Appeal

ST. CLOUD STATE
U N I V E R S I T Y

SCSU ID _____   Phone (_____)_____

_____   _____   _____
(PRINT) First Name   Middle Name   Last Name

_____   _____   _____   _____
Local Address: Street   City   State   Zip

Email: _____@_____   May we notify you via email?   Yes   No

Advisor's Name _____   Were you awarded financial aid for the term appealed?   Yes   No

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FINANCIAL AID IMPLICATIONS: Financial Aid programs limit the allowable time to return Federal and State funds. Refund appeals *must be submitted within 45 days of the end of the term for which a refund appeal is submitted. Summer term appeals must be no later than September 25 of the next academic year.* Most students receiving Financial Aid will have all or a portion of any approved refund credited to their aid funding sources and may incur repayment obligations if any aid overage monies were received. If you are receiving financial aid, a tuition refund could reduce your grant, scholarship or loan. Please contact the Financial Aid Office if you have questions.

If you are still on record as being registered for the course (either with an assigned grade or in the current semester) you must withdraw or petition for a late drop/withdrawal prior to requesting a refund. **Why was the withdrawal/drop deadline missed?**

Term/Yr of Appeal _____   List each course for which a refund is being requested AND the last date attended.

	Dept Ex ENGL	Number 191	Last Date of Attendance			Dept Ex ENGL	Number 191	Last Date of Attendance
1					4			
2					5			
3					6			

Did you talk to the instructor(s) about receiving an "Incomplete" so that you could finish the course(s)?   Yes   No **If not, why?**

The committee requires written documentation of reasons. This may include an instructor or advisor statement; employer statement if the issue is work related; medical/psychological verification form if medical or counseling related; approved registration petition or appeal if one has been processed. **I believe my appeal should be granted because:**

Signature: _____ Date: _____

Submit completed form with required documentation to SCSU Business Services, AS 123, 720 Fourth Ave S, St. Cloud, MN 56301

Office Use Only: Committee Recommendation: Approved ☐   Denied ☐   Tabled ☐

_____

_____

Signature of Committee Chairperson: _____ Date _____

SCSU is an equal opportunity/affirmative action educator and employer

04/14

Personal Statement Citing Extenuating Circumstances
Please write or attach typed statement describing the extenuating circumstances that occurred after the deadline that prevented you from meeting the registration deadline.

ST. CLOUD STATE UNIVERSITY
720 4th AVENUE SOUTH
ST. CLOUD, MINNESOTA 56301-4498

> Student: If you cited medical or psychological issues as reasons for an academic appeal or other academic change, it is necessary to have your medical/psychological provider verify the extenuating circumstances that are cited in your request. It is not necessary to supply full medical records. The provider information on this form must be returned with your appeal or academic change request.

MEDICAL VERIFICATION FORM
FOR ACADEMIC APPEALS AND REQUESTS FOR ACADEMIC CHANGE

SCSU ID#: _____   Email: _____@stcloudstate.edu

_____   _____   _____
First Name   Middle Name   Last Name

COURSE(S) IMPACTED BY MEDICAL/PSYCHOLOGICAL CONDITION (Indicate academic year, semester or individual impacted courses):

☐ **Entire Semester: Term _____ Year _____**

	ID: Ex 000243	Course Title	Dept Ex ENGL	Number 191	Sec 01	Credits 4	Term SPRING	Year 2014
1								
2								
3								
4								

Return to (student check department):

☐ Academic Appeals & Probation
   St. Cloud State University, CH210
   720 4th Avenue South
   St. Cloud, MN 56301-4498
   Fax: (320) 308-5672
   Email: aap@stcloudstate.edu

☐ Business Services
   St. Cloud State University, AS123
   720 4th Avenue South
   St. Cloud, MN 56301-4498
   Email: businessservices@stcloudstate.edu

☐ Office of Records and Registration
   St. Cloud State University, AS118
   720 4th Avenue South
   St. Cloud, MN 56301-4498
   Fax: (320) 308-2059
   Email: registrar@stcloudstate.edu

☐ **Other:** Office _____
   St. Cloud State University, _____
   720 4th Avenue South
   St. Cloud, MN 56301-4498
   Fax: (320) 308- _____
   Email: _____@stcloudstate.edu

Please sign and date this form which acknowledges that you give permission to your medical/psychological provider to furnish the required information below.

Student Signature: _____   Date: _____

PROVIDER: The student named above is requesting documentation for extenuating circumstances that have impacted their academic performance. The nature of the request and the permission to release information are at the top of this form. Please respond on your letterhead or fill out form on opposite side and attach business card. Return to office address indicated by student.   Thank you.

_____ _____ _____
Student's First Name   Student's Middle Name   Student's Last Name

Provider Name: _____

Contact information: (Attach card or include letterhead) _____

Provider Signature: _____ Date: _____

This St. Cloud State University student is asking to withdraw from one or more classes or appeal an academic issue because of a medical/psychological condition for which you have treated them.

Please fill out the following portion of this form in its entirety to assist the student in the withdrawal process.

Medical/psychological condition (brief description-Submission of medical records not required):

_____

_____

_____

_____

_____

_____

Date of onset of condition: _____ Duration of condition: _____

Dates of visits for this condition: _____

- In your professional opinion would the above condition for which you have treated the student prevent a student from attending class sessions in a University setting?   Yes _____   No _____

- Please identify the dates or duration for which attendance may be impacted: _____

- In your professional opinion would the above condition for which you have treated the student prevent completion of coursework in a University setting for the above time periods? Yes _____   No _____

- Please identify the dates or duration for which coursework may be impacted: _____

- In your professional opinion has treatment progressed to the point where resumption of coursework and attendance is a reasonable expectation for the student? Yes_____   No _____