



## Tuition Refund Appeal Form

Central Connecticut State University's policies on refunds of tuition charges can be found on our [website](#).

Students may complete this form after they have formally dropped or withdrawn through the Office of the Registrar **only if** there are significant or unusual circumstances outside of their control that cause **involuntary** withdrawal from any or all classes. This appeal form must be completed by the student in accordance with the *Family Educational Rights and Privacy Act of 1974 as amended (FERPA)*. **An appeal submitted on behalf of a student (i.e. parent, counselor, doctor, etc.) will not be considered.**

**Please note:** This form is to be used for tuition and fee appeals associated with course registration only. Appeals related to Residence Life (housing and meal plan) charges must be initiated through the [Residence Life contract cancellation process](#).

### Part One: Student Information

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

Mailing Address: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Part Two: Appeal Information & Supporting Documentation

Semester: \_\_\_\_\_ Course(s) associated with appeal: \_\_\_\_\_

#### Appeal Category (check one):

- Medical (*Illness/Injury*)
- Military Duty
- Extenuating Circumstance (*beyond the control of student*)
- Never attended CCSU for the semester being appealed

#### Required Documentation:

- Required:** Statement from student that details the basis for appeal and associated circumstances.
- Required:** Third-party documentation that supports the student's basis for appeal.

**Documentation examples:** letter from a healthcare provider, accident report, obituary, military orders, verification of never having attended CCSU for the semester being appealed, etc. or other documentation appropriate for your appeal category.

**For medical based appeals,** the appeals process favors a brief letter from a healthcare provider that clearly indicates a student's withdrawal was involuntary and necessary due to medical circumstances. Documentation should be specific to the timeframe of the semester being appealed. Do not submit detailed medical or treatment records.

### Part Three: Student Certification

I understand that by retroactively canceling courses I may be billed for financial aid that was disbursed to me based on my original registration. All information provided as part of this appeal is true to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Tuition Refund Appeals Committee attempts to respond to student appeals within 2 weeks of submission. Decisions will be communicated to students via their CCSU e-mail account. **Please Note:** Information submitted as part of this appeal process may be shared with other CCSU departments to support your health, safety, and overall success at CCSU.