

# REFUND REQUEST FORM

\*\*Please note your request will not be reviewed until all documents are received and you have withdrawn from the class(es).

| STUDENT INFOR  | MATIC                    | )N:            |                         |   |                   |                         |  |
|--|--------------------------|----------------|-------------------------|---|-------------------|-------------------------|--|
| Name:  |                          |                |                         |   | Student @ ID #    |                         |  |
| Address:   |                          |                |                         |   | Phone:            |                         |  |
| City, State, Zip   |                          |                |                         |   |                   |                         |  |
| Student Email Address:   |                          |                |                         |   | @student          | @students.coconino.edu  |  |
| Only CCC student email address will be used to correspond with student   |                          |                |                         |   |                   |                         |  |
| COURSE ENROLLMENT INFORMATION: (withdrawal from class required):   |                          |                |                         |   |                   |                         |  |
| Course #(s) / Section(   | Course #(s) / Section(s) |                | CRN #(s) Semester / Yea |   | Instructor(s)     |                         |  |
| Example: ENG 095 - 0   | Example: ENG 095 - 01    |                |                         | Fall 2020   | Mary Smith        |                         |  |
|  |                          |                |                         |   |                   |                         |  |
|  |                          | <u> </u>       |                         |   |                   |                         |  |
|  |                          |                |                         |   |                   |                         |  |
|  |                          |                |                         |   |                   |                         |  |
|  |                          |                |                         |   |                   |                         |  |
| Reason: (check app)  | <br>ropriate             | e reason and s | supply                  | backup documents                                  | as noted below ea | ach reason)             |  |
| Reason: (check appropriate reason and supply backup documents as noted below each reason)  PLEASE ATTACH A PAGE WITH A COMPLETE DESCRIPTION OF WHY YOU ARE REQUESTING A REFUND |                          |                |                         |   |                   |                         |  |
|  |                          |                | <del></del>             |   |                   |                         |  |
| Death of immedia<br>member   | te family                | y              | D                       | eath of student                                   |                   | Military Service        |  |
| Include obituary which indicates your relation to deceased   |                          |                | •                       | Include death certificate                         |                   | Include military orders |  |
| Serious Illness of Student/Immediate   |                          |                |                         | ther:   |                   |                         |  |
| Family Member  ■ Include statement from doctor  ■ On attached page describe reason for   |                          |                |                         |   |                   |                         |  |
| indicating illness causes you to be<br>unable to participate in class  |                          |                |                         | request & include documentation to support reason |                   |                         |  |
|  |                          |                |                         |   |                   |                         |  |
| A decision will be made  |                          |                | ~ •                     | -   |                   | •                       |  |
| at your student email a  |                          |                |                         |   |                   | rly.                    |  |
| Student Signature: (required)Date:   |                          |                |                         |   |                   |                         |  |
| Γ  |                          |                | An                      | proved  | Dei               | nied                    |  |
| Comments (intern   | only):                   | 1 <b>1</b> P   | 11pp10/04               |   | incu              |                         |  |
|  |                          | <u>*</u> :     |                         |   |                   |                         |  |
| Student Accounts   | Mona                     |                |                         |   |                   | Date:                   |  |

# **REFUND REQUEST PROCEDURE**

**Request Deadline:** The deadline to file a refund request is the end of the following semester provided the student meets the refund request criteria.

Students may apply for a refund based on extenuating circumstances. The extenuating circumstances must have occurred within the semester in which you are requesting a refund for and are limited to the following reasons:

## • SERIOUS ILLNESS OF STUDENT OR IMMEDIATE FAMILY MEMBER

A refund request will be accepted for review by the refund committee for those students or family members suffering from a serious illness or injury that necessitates a withdrawal from class(es). The student must produce a verifiable doctor's statement certifying that the illness/injury prevents the student from attending class(es).

### • DEATH OF A STUDENT, SPOUSE, PARENT, OR CHILD

A 100% refund will be made to the student or the student's estate in the event of death of the student or student's spouse, parent, or child that results in a withdrawal from all of the student's classes. The student or the student's family must provide a death certificate or newspaper Obituary Notice with proof of the relationship (i.e. Birth Certificate, Marriage License, etc.)

### • MILITARY SERVICE

A student belonging to the Armed Forces or the Arizona National Guard who is called to active duty and assigned to a duty station will be allowed to withdrawal and receive a 100% refund of tuition and fees provided the course(s) has not been completed for which refund is requested. The student must provide a copy of the military orders.

Students who can provide proof of one of the three above exceptions, must submit a Request for Refund to the Student Accounts Office for the committee's review.

Note: Non-credit courses are non-refundable.

The following reasons **do NOT** qualify as extenuating circumstances:

- Difficulty adjusting to college
- The difficulty of a course; dropping a course to avoid a bad grade; course load too much
- Teaching method or dislike of instructor
- Inaccessibility to resources, i.e. compatible software/hardware, etc.
- Lack of knowledge of published CCC add/drop deadlines
- Personal schedule changes that conflict with class schedule

Also, requests associated with the following circumstances will NOT be reviewed:

- Requests submitted before you withdraw from a class
- Requests based on being no-showed from class
- Request for class(es) for which a grade has already been received
- Requests submitted without all required items:
  - 1) a signed refund request form
  - 2) statement of explanation and
  - 3) supporting documents