

STUDENT APPEAL FOR TUITION CREDIT APPLICATION FORM

Arapahoe Community College will consider granting tuition credit after the published refund date when extenuating circumstances prevent a student from completing class. The amount of tuition credit, if granted, may be pro-rated. This form offers you the opportunity to request tuition credit for a class **during the semester in which the class was held or the next consecutive semester only.**

Appeals due to extenuating circumstances are given full consideration by the Tuition Appeals Committee. Decisions are based upon the merit of the documented circumstance. There is no explicit or implied guarantee that you will receive tuition credit. Depending on the outcome, you may receive ***no*** credit or you may receive tuition credit. **Decisions of the Tuition Appeals Committee are final.** You will be notified of the final decision by mail within four to six weeks.

Please review the Tuition Appeal Instructions before completing this form.

PLEASE PRINT.

Full Name: _____ SID: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

I am requesting tuition credit for the following class(es) taken during _____ of _____

SEMESTER YEAR

Please complete one form per semester.

<i>Prefix</i>	<i>Number</i>	<i>Course Title</i>	<i>Credits</i>	<i>Instructor</i>

Please use the back of this form (attach additional pages if needed) to explain, in detail, why you feel you should receive a tuition credit. PLEASE PRINT. It is required that you attach all supporting documentation.

<i>Extenuating Circumstance</i>	<i>Required Supporting Documentation</i>
Serious illness or injury	Completed ACC Medical Documentation Form required.
Death in immediate family	Obituary or copy of death certificate, travel records/dates (if applicable) required.
Other	Documentation verifying the hardship causing your inability to drop the class(es) by the deadline or to continue studies in a normal capacity.

I am receiving: Financial aid (grants, loans or scholarships) VA Benefits F.A.C.T.S.
 International Student Benefits Third Party Billing

PLEASE NOTE: If you receive Financial Aid in the semester that you are appealing, you must complete the ACC Financial Aid Acknowledgement Form.

I certify the information on this form to be true, accurate and complete. I understand it is my responsibility to provide a thorough application form, including required documentation. I understand that the decision reached upon review of this appeal is **final**. I understand I will be notified of the final decision by mail within four to six weeks. I have read this form and understand it.

Student Signature: _____ Date: _____

Return completed form to: **Arapahoe Community College, Campus Box 35, 5900 S. Santa Fe Dr., P.O. Box 9002, Littleton, CO 80160-9002.**