Mail to: **Registration and Records**
Waubonsee Community College
Route 47 at Waubonsee Drive
Sugar Grove, IL 60554-9454
FAX to: (630) 466-4964

Date Received _____
Initials _____

TUITION APPEAL

Complete both sides of the form

Requirements for submitting tuition appeal:

- Tuition appeals must be received within 30 days of the end of the semester you are appealing.
- Please complete all items below and attach supporting documentation (i.e. doctor's note, hospital bill, etc) as to what prevented you from attending. Tuition appeals will be granted for medical reasons only.
- Forms submitted without explanation and supporting documentation **WILL NOT BE** processed.
- Class start dates and refund policies are included in college publications and on the college Web site. Students are responsible for knowing these dates.
- This request will be reviewed by the Tuition Appeal Committee and notification of the results will be mailed within 30 calendar days. **Committee decisions are final.**
- Students will be allowed one appeal per course per semester.

STUDENT INFORMATION:

Name _____ X Number or Social Security No. _____

Address _____ Home Phone _____Cell Phone _____

_____ _____ _____ Work Phone _____
City State Zip Code

SEMESTER: (circle term and fill in year) ***FALL*** ***SPRING*** ***SUMMER*** _____
Year

LIST COURSES WHICH SPECIFICALLY RELATE TO THIS REQUEST:

CRN or Ticket Number	Course Name

ARE YOU RECEIVING FINANCIAL AID? (circle one) YES NO

Please Note: Please be thorough in your explanation on the reverse side of this page **as appeals will only be reviewed once**. Attach documentation to support your explanation.

Signed _____ Date _____

FOR OFFICE USE ONLY

Date	Status	Initials		Date	Status	Initials
	Appeal Rec'd/Logged				Processed on Computer	
	Ready to Review				Letter Sent	
	Reviewed by Committee				Comment Screen Done	

REQUEST AND SUPPORTING EXPLANATION:

(For Office Use Only)

TUITION APPEAL COMMITTEE

□ Approved

□ Denied

Reasons: