



Tuition Refund/Late Drop Request Routing Slip

Policy Section: (College Policy 1-2)

Students are eligible for a refund of those credit hours dropped during the published drop period. After the published drop period has passed, there shall be no refunds, except under the following conditions:

Major Medical Emergency:

Student or member of student's immediate family is hospitalized or under a physician's care with specific orders to remain at home. The request must be accompanied by a physician's letter indicating that the student or member of the student's immediate family was incapacitated during the first 25% of the length of the Class or the first four weeks of the semester. The physician's note must include specific dates for the period of incapacity.

Death of student or member of immediate family during the first 25% of the length of the Class or the first four weeks of the semester; copy of the official death notice must accompany request. A published newspaper obituary may serve as an official death notice.

In no case will a tuition refund be granted for a major medical emergency more than one semester beyond the end of the semester or term.

Administrative Error:

Administrative error made by the college. This must be supported by documented information.

Extreme Financial Hardship:

Demonstrated financial hardship that occurred during the first 25% of the length of the class or the first four weeks of the semester and based upon documentation presented.

In no case will a tuition refund be granted for extreme financial hardship more than one semester beyond the end of the semester or term.

Student's Section - To Request a Tuition Refund/Late Drop, Please Complete the Following:

Student's SSN: _____ EmplID: _____

_____ Last Name First Name MI Jr.,3rd

Indicate the term for which you are requesting a refund/drop (i.e., Summer 1998, etc.) _____

Are you requesting a refund/drop for all of your classes? Yes No
If no, indicate how many credit hours will be left after the refund/drop _____, then list the class(es) for which you are requesting a refund:

_____	_____
Class and Title	Class and Title
_____	_____
Class and Title	Class and Title

Please check the reason for request:
 Major Medical Emergency Administrative Error Extreme Financial Hardship

SIGNATURE OF STUDENT: _____ **DATE:** _____

Please attach the required documentation mentioned in the above policy. Failure to attach the documentation or incomplete documentation will result in your request being denied.
(Please Note: If financial aid funds were used to pay your tuition, you will not be able to document an extreme financial hardship.)

Please attach a completed "ADD/DROP Form" (JSRCC Form No. 11-0002).

If you have an address and/or telephone number that is different than what is on file in your college records, please complete and attached a "Student Request to Update Information Form" (JSRCC Form No. 11-0007).

Forward this form, your completed ADD/DROP form and the required documentation to the campus Success Center:

Tuition Refund/Late Drop Request Routing Slip

Student's SSN: _____

EmplID: _____

Last Name

First Name

MI

Jr.,3rd

Financial Aid Officer's Section (to be completed for each student request):

Did this student receive financial aid for the term he/she is requesting a tuition refund/late drop? Yes No

If this student received financial aid, will he/she owe a repayment to financial aid programs? Yes No

If the student will owe a repayment, indicate the program(s) **and** amount(s):

SIGNATURE:

DATE:

Success Center Coordinator

I recommend approval

I recommend disapproval

Comments:

SIGNATURE:

DATE:

Associate Vice President of Academic Affairs or Designee

I recommend approval

I recommend disapproval

Comments:

SIGNATURE:

DATE:

Business Office Section

Has the student completely repaid the amount(s) listed above? Yes No

SIGNATURE:

DATE:

Processing Section

Central Admissions & Records Office:

Late drop process completed by: _____ DATE: _____

Central Business Office:

Student's account records updated by: _____ DATE: _____

Refund request submitted by: _____ DATE: _____