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: ________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Jr.,3rd</th>
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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:

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<tr>
<th>Class ID Nbr</th>
<th>Subject</th>
<th>Number</th>
<th>Section</th>
<th>Day</th>
<th>Time</th>
<th>Class Title</th>
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Please check the reason for request:

☐ Major Medical Emergency  ☐ Administrative Error  ☐ Extreme Financial Hardship

SIGNATURE OF STUDENT: ___________________________ DATE: _____________

Please attach a detailed narrative and the required documentation mentioned in the above policy. Failure to attach the narrative and 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.)

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 and the required documentation to a campus Student Success Center.

(Please Note: The request for Tuition Refund/Late Drop is forwarded to the Academic Standing Committee. The Committee will determine if the request is approved.)
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: ______________

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: ______________