**Danville Community College**

**Tuition Appeal Form**

* Within 30 calendar days after dropping your course(s), complete this form and submit to **Tuition Appeals, VP of Academic and Student Services, Danville Community College, 1008 S. Main St., Danville, VA 24541**.
* Be sure to include all required and appropriate documentation (see below).
* Falsifying information on this Appeal will result in immediate denial and may be grounds for sanctions as outlined under the Student Code of Conduct.
* Money owed to the bookstore cannot be waived.
* Students can only be granted an appeal once during their academic career at Danville Community College.
* Keep a copy of the Appeal Form and all support documents for your files.

**I**.

**Name Student ID #**

**Address City State Zip**

**Phone Number** \_\_\_\_\_ - \_\_\_\_\_\_ -\_\_\_\_\_\_ Email Address @

**Semester appealing for:** Spring \_\_ Summer \_\_ Fall \_\_ Year \_\_\_\_ **Receiving Financial Aid:** Yes \_\_ No \_\_ **Specify Request:** Full/Partial Tuition Refund\_\_ **or** Balance Waiver \_\_

**II**.

**Check Reason(s) for Appeal**

* **Student Illness**: Health requests are awarded based on extended or major medical illness that are life-threatening, requires hospitalization, is contagious, or dangerous to others. Submit a note from your physician or medical provider on their letterhead indicating the dates you were unable to attend class. The note must be signed by your physician or medical provider. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation. **Do NOT send copies of your medical records.**
* **Illness of immediate family member**: Health requests are awarded based on extended or major medical illness that are life-threatening, requires hospitalization, is contagious, or dangerous to others. Submit a note from your family member’s physician or medical provider on their letterhead indicating the dates of illness and the need of a caregiver. The note must be signed by the physician or medical provider. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable documentation.
* **Death of immediate family member**: Submit a death certificate, obituary or death notice. Documents must clearly indicate the relationship of the deceased to the student. (Immediate family is defined as: mother, father, grandparent, sibling, child, spouse).
* **Military deployment**: Submit a copy of the official deployment/reactivation notice. Deployment and reactivation dates must be
 within the semester you are appealing.
* **Student Extreme Financial Hardship** beyond the student’s control that prevents the student from attending the classes for which he/she is registered. Submit documentation demonstrating termination of employment, tax returns, etc. In accord with the IRS definition of a financial hardship, the student will be unable to pay rent/mortgage, utilities, food, transportation, and health care costs. The financial hardship will not be considered if it is due to lifestyle decisions.
* **Verifiable Administrative Error of DCC**: Provide a detailed account of the problem and relevant documents including dates and college personnel involved.

Reasons Appeals are **Not** Considered

* Disagreement with faculty, teaching methods or style, or grading procedures and practices
* Did not like the course registered for
* Lack of familiarity with the registration system and process
* Lack of knowledge of published policies and procedures
* Unaware of the add/drop deadlines for classes
* Deciding that school/work/life responsibilities are too overwhelming
* Voluntary employment change
* Non-qualification, late application, or loss of eligibility for financial aid or scholarships
* Non-receipt of mail or other communications (please keep updated contact information with Admissions)
* Tuition Appeal not submitted within the 30 day time period as required by policy
* Failure to provide required support documentation or insufficient support documentation

**III**.

Attach a letter of explanation clearly explaining your situation and the reasons why you think the tuition should be waived or refunded. Please be as complete as possible. Also attach **COPIES** of the appropriate required documentation needed to support the reason for appeal you checked above. The responsibility for ensuring that Danville Community College has received the needed documentation rests with the student filing this Appeal.

**Checklist**

* By signing this Appeal I acknowledge that I am responsible for withdrawing from my class(es).

 Attached is a letter of explanation and all of the required supporting documentation. Student Letter must accompany this form for consideration.

 I understand the Tuition Appeals Committee will notify me in writing of their decision regarding my Appeal.

 I have spoken to a Financial Aid Representative regarding the impact this Appeal may have on my financial aid.

 I have reviewed the information contained in this document and **BY SIGNING BELOW, I UNDERSTAND THE IMPLICATIONS OF MY**

**APPEAL.**

Student Signature Date

**DO NOT WRITE BELOW THIS LINE**

 **Committee Actions**

 Approved  Pending Additional Documentation  Denied

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Committee Member Signature Date Committee Chair Date
 VP of Academic and Student Services
 or designee

Follow-up**

 Approved  Denied

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Committee Member Signature Date Committee Chair Date**

Form Provided to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Name Date Name

04/2018; Rev. 09/2020