## North Hennepin Community College Appeal Tuition and/or Late Withdraw

You MUST meet with an advisor to complete this form

7411 85<sup>th</sup> Avenue North Brooklyn Park, MN 55445-2299 Advising Center 763-424-0703 Financial Aid 763-424-0728

Last Name:		First Name:		Student ID:	Student ID:			
Address:		City, State, Zip:						
Email:		Phone:_		Phone:				
Appe	al Committee Decision							
□ Approved – Please allow a minimum of ten working days for your academic and/or tuition balance records to be updated. You can check your account and/or academic record status via your eservices account.								
☐ A decision cannot be made at this time.								
	☐ Denied – Your request was not approved. The circumstance described in your appeal is not a reason where an exception to policy can be approved.							
	The student is responsible for knowing drop, withdraw and refund policy. Stureason where an exception to policy	udent error or misunders						
	The appeal deadline has passed.							
	Request must be accompanied by medical documentation written and signed by your health care professional on letterhead. It must <b>clearly</b> identify any dates that correlate with the situation(s) that prevented you from attending classes.							
	☐ Medical appeals are only considered for significant, unanticipated student illness (or with appropriate documentation, direct dependents of the student). The situation described in the appeal is not one where a medical appeal request can be approved.							
	The required documentation was not provided.							
	Other:							
If you	If your request is currently within the appeal deadline and you have additional documentation to add to your appeal, sentence the additional information to the Advising Center and request a second review.							
If you have questions regarding the appeal decision, please call 763.424.0703  Office Use:								
Reco	rds	Accounting and Fees			Financial Aid			
	No Review Needed	☐ Refund %			☐ No Review			
		Due to:			Needed			
	Change courses to W:	Courses Approved:	Term: F	S SS	☐ R2T4 Needed			
LDA:								

## **Appeal Instructions:**

STEP 1: Contact the Advising Center to meet with an advisor to complete this form and to review your situation and identify the required documentation. 763-424-0703.

	Advisor Signature:			Date:			
STEP 2:	Identify the semester, type of request and classes to be reviewed:						
	Semester:	☐ Summer 20	☐ Fall 20	☐ Spring 20			
	Request(s):	☐ Late Withdraw	☐ Tuition Refur	nd			
	List Class(es	s):					
STEP 3:	Rationale for appeal and required documentation. Appeals without relevant documentation will be denied.						
	<ul> <li>Major Medical Issue – an unexpected, significant medical condition prevented attendance.</li> <li>Documentation needed:         <ul> <li>Healthcare provider statement (signed and written on letterhead) that clearly identifies the dates and the situation that prevented you from attending classes. Do not provide copies of bills, appointments, prescriptions, etc.</li> </ul> </li> </ul>						
	<ul> <li>College Error</li> <li>Documentation needed:</li> <li>College materials documenting the error or an employee written statement describing the situation.</li> </ul>						
	•	Call to Active Duty (a late drop nentation needed: Copy of DD-214	may be request	ed if due to military call-up to active duty)			
	<ul> <li>Other</li> <li>Documentation needed:         <ul> <li>Documentation that supports your request and that the circumstances were unforeseen and beyond your control or choice.</li> </ul> </li> </ul>						
STEP 4:	Provide a wri	tten statement (one page max	imum) describing	the situation in detail.			
STEP 5:	<ul><li>Late with</li><li>The appear</li></ul>	and understand: ndrawals can result in aid recipe al deadline is <u>30 days</u> after th	ne appeal term er				
	<ul> <li>Appeal results will be emailed to the email address above within 14 business days.</li> <li>Requests based on the following situations will not be considered:</li> </ul>						
	<ul><li>Lack with</li><li>Diss</li><li>Volu</li></ul>	of knowledge of drop, refund drawal or other college policies atisfaction with faculty, class of ntary acceptance of employm r activity impacting ability to at	or grade oent or	Disregarding course/placement requirements Change in marital or relationship status Did not attend course(s) Incarceration or arrest Inability to pay			
	Student Sig	nature:		Date:			

STEP 6: Return this form and the required documentation to the Advising Center, ES-69

Questions? Call Advising at 763-424-0703 or email advising@nhcc.edu