



DATE: \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address City State Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone Number Cell Phone Number E-Mail

STEP 1: Semester of Petition: \_\_\_\_\_  
PLEASE NOTE: If this petition is for more than two semesters prior to now, the Student Services Council MAY choose not to review it.

STEP 2: It is suggested for you to meet with a counselor to discuss your options.

**If you decide to proceed with the appeal process, you must follow these steps:**

STEP 3: Are you receiving Financial Aid (includes grants, loans, scholarships, work study and tuition benefits)? \_\_\_\_ Yes \_\_\_\_ No  
If yes – **STOP** – you MUST speak to the Director of Financial Aid or a Financial Aid representative at 231-777-0228.

Financial Aid Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

STEP 4: Withdraw from course(s) before submitting this form.

STEP 5: Attach a typed document with the request and the reason for the request, along with appropriate documentation according to your request to this form. (See documentation list below.) MCC will not contact you for documentation. If documentation is not attached, the petition will be processed only with the information you supply. Petitions are not reviewed a second time with new information. **Do not FAX any information.**

STEP 6: Submit this completed form with documentation to the Student Services Center at the address on the back of this form. Make sure you sign and date the form.

**Please check the appropriate box for the basis of your petition and provide the appropriate documentation**

- Course Related Issues:** If your petition is based on issues directly related to the course, you must first discuss these issues with the instructor, the appropriate department chairperson, and Associate Vice President for Academic Affairs or Vice President for Academic Affairs. Please provide a written decision from the Academic Affairs Division on College letterhead.
- Military Duty:** Induction of the student into US Military. Submit the induction notice or your military orders that clearly displays the date of induction or call up.
- Withdrawal Illness:** A physician or mental health professional must describe in writing your medical condition (whether injury or illness), how it has incapacitated you, and recommending withdrawal of all classes or specific classes and why. This statement must be on the provider's letterhead and signed by the health provider. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are **not** acceptable documentation.
- Withdrawal Illness - Bereavement:** Death of an immediate family member or death of the student: Submit a death certificate, obituary, or death notice. Documents **must** clearly indicate the relationship of the deceased to the student.
- Verifiable Error of MCC:** Provide a detailed account of the problem and relevant documents on College letterhead from the College Office involved or advisor indicating that incorrect information or mis-advisement was given by a College representative.
- Other (Please list):** \_\_\_\_\_

**Please Continue Completing the Back of This Form**

Date Rec'd: _____
Staff Initials: _____
Petition # _____

List Any Specific Courses here:

Semester and Year:	Course #	Section #

Semester and Year:	Course #	Section #

**Read this statement carefully:**

- I am applying for the Tuition Refund Appeal: I have attached all the documentation that I want reviewed. MCC has made me aware of the typical outcomes of the Refund Appeal process but I understand that my own situation may vary from those listed, and I assume all responsibility for the enrollment changes that may occur.
- If I receive(d) financial aid, I have spoken with the Director of Financial Aid or a Financial Aid representative and understand that by submitting this Petitions request I may owe money back to MCC for my expenses.
- I understand that if I receive enrollment certifications for insurance purposes I may be contacted by my insurance company and my eligibility for insurance and coverage may change if the refund appeal is approved.
- I understand that MCC assumes that I am no longer attending the class. Once this Petitions Request is submitted, the process is irreversible. If the Refund Appeal is denied, my original withdrawal grade of 'W', 'WP' or 'WF' will remain for the class(es).
- I understand that in some cases retroactively withdrawing from a course **may result in me owing money back to MCC.**

By signing below, I indicate that I understand each item above and I am certifying that the information I am providing is true. Misrepresentation of fact or documentation may be sufficient cause for automatic denial of this appeal and may be in violation of the Student Conduct Code.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Student Services Council is the governing body that decides Petitions requests. It meets on the third (3<sup>rd</sup>) Tuesday each month. If you would like to attend the meeting when your petition will be reviewed, please contact Patti D'Avignon, Associate Registrar, 231-777-0240 for more details.

PLEASE NOTE: ALL PETITIONS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE SCHEDULED MEETING TO BE REVIEWED.

(Submit this form to the Record's Office or mail to the address below)

**Student Services Petitions Committee**  
**Muskegon Community College**  
**221 S. Quarterline Road**  
**Muskegon, MI 49442**

**FOR OFFICE USE ONLY:**

Staff Initials: \_\_\_\_\_

\_\_\_\_ STAC \_\_\_\_\_

\_\_\_\_ FASI \_\_\_\_\_

\_\_\_\_ ARAI \_\_\_\_\_

\_\_\_\_ Copy of Drop Slip \_\_\_\_\_

\_\_\_\_ Documentation \_\_\_\_\_

\_\_\_\_ Reason Letter \_\_\_\_\_

Semester: \_\_\_\_\_

NOTES:

Decision: \_\_\_\_ Approved with \_\_\_\_ Refund \_\_\_\_ Credit \_\_\_\_ No Refund

\_\_\_\_ Denied - Reason: