

## **PETITION & TUITION REFUND APPEAL FORM**

Petition #
Rec'd/STRK Date_
<u></u>

Student Name				Student ID		Date	
Addr (	ess )		( )	City	State	Zip @muskegoncc.edu	
Telep	hon	e Number	Cell Phone Number	MCC E-Mail			
STE	P 1:		nd Appeals may only be submitte	d through the end of the following semest through the end of the Winter semester.	er. For example	e, Appeals	
STE	2:	It is strongly recomme	ended that you to meet with a MCC	counselor to discuss your options in Room 10	50.		
STE	<b>3</b> :	Did you apply for Fin	ancial Aid (includes grants, loans, so	cholarships, work study and tuition benefits)?	Yes	_No	
		If yes, you MUST spe	eak to the Director of Financial Aid o	r a Financial Aid representative in Room 1040	).		
		Financial A	id Rep Signature:		Date:		
		FA Comme	ents:				
STE	P 4:		e(s) before submitting this form unle n from ALL of my courses for the ser	ss you are appealing a residency change. mester listed above.			
		☐ I am only appea	ling the following classes:				
STE	<sup>2</sup> 5:	documentation list be	elow.) MCC will not contact you for	etition and the required documentation accord r documentation. If documentation is not att viewed a second time with new information.	ached, the petition	on will be processed	
STEI	P 6:	Submit this complete sign and date the for		udent Welcome Center at the address on the	back of this form	n. Make sure you	
STE	7:	Do you plan to attend	d the review meeting to explain your	appeal in person?Yes, I will attend.	No, I will	NOT attend.	
				and provide documentation to fully supposituation occurred within the semester of a		. All documents	
□ Course/Instructor Related Issues - If your petition is based on issues directly related to the course there are issues with the instructor, 2) the appropriate department chairperson, and 3) Dean of Instruction and Assessm Academic Affairs. A written response from all three steps must be attached to this appeal.							
	Milit	ary Duty - Submit the	e induction notice or military orders the	hat clearly displays the date of induction or ca	ıll orders.		
	Withdrawal Illness – A signed statement on letterhead from the health care provider must describe in writing the medical condition (who injury or illness), how it has incapacitated the student, and recommending withdrawal of all classes or specific classes and why. Excuse copies of invoices, appointment confirmations, statements of insurance payments, etc. are <b>not</b> acceptable documentation.						
	Withdrawal Illness – Bereavement – Death of an immediate family me date of death, and the relationship to the student. Example: obituary wit certificate of student, or a program from service listing the relationship an		bituary with relationship and names, death ce				
	Verifiable Error of MCC: Provide a detailed account of the problem and relevinvolved or advisor indicating that incorrect information was given by a College			terhead from the	e College Office		
	Residency Change: Provide a completed Student Personal Data Change Request the semester being appealed.		Data Change Request form and proof of reside	ency for at least	six months prior to		
	Oth	er (Please list):					

## Read these statements carefully:

- I am applying for the Petition & Tuition Refund Appeal. I have attached all the documentation that I want reviewed. I assume all responsibility for the enrollment changes that may occur.
- I understand that by withdrawing from classes, I may owe money back to MCC for my tuition, fees, and bookstore purchases. If I receive(d) financial aid, I have spoken with the Director of Financial Aid or a Financial Aid representative.
- I have withdrawn from the class(es) being appealed and am no longer attending. Once this Petition & Tuition Refund Appeal is submitted, the process is irreversible. If the Refund Appeal is denied, my original grade will remain for the class(es). (Waived if petitioning for a Residency Change).
- I understand that the decision of the Student Services Council/Petitions Committee is final.

I understand each item above and I am certifying that the information I am providir may be sufficient cause for automatic denial of this appeal and may be in violation	•
Student Signature:	Date:
•	

The Student Services Council is the governing body that decides Petition & Tuition Refund Appeals. It meets on the third (3<sup>rd</sup>) Tuesday each month. If you would like to attend the meeting when your Appeal will be reviewed, you must indicate in STEP 7 on the front of this form. If yes, you will be contacted with the date, time, and location of the review meeting.

PLEASE NOTE: ALL APPEALS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE SCHEDULED MEETING. (End of business day on the 2<sup>nd</sup> Tuesday of the month).

Submit this form and all supporting documentation to the Student Welcome Center in the Main Building, by email to OfficeoftheRegistrar@muskegoncc.edu, by fax (231) 777-0209, or by mail to the address below:

Student Services Petitions Committee Muskegon Community College 221 S. Quarterline Road, Room 1048F Muskegon, MI 49442

FOR OFFICE USE ONLY:	Decision Assessed Defined Assessed	Data Cont to Dilling
STAC RGCS	Decision: ApprovedRefund Amount	Date Sent to Billing Date Added to STRK
FASI	Credit Amount	Other Actions:
AIDE	Orean Amount	Other Actions.
SFAV	No Refund	
STRK	<u> </u>	
PERC	Denied - Reason:	
NAE		
ADSU (SPRO)		
Semester:		