

# Northeastern Technical College

## Student Refund Appeal Form

### INSTRUCTIONS:

1. Appeals will not be considered for refunds on terms after one year from the date of enrollment.
2. Student or other Appellant should complete this form and mail to:

**Northeastern Technical College, Office of Student Services  
Post Office Drawer 1007, Cheraw, SC 29520**

or deliver to Vice President for Student Services, Room 110 in Ingram Hall.

3. College fees, charges, or refunds may be appealed on this form.
4. The College has published policies on most fees, charges, and refunds. This information is available on the college web page at [www.netc.edu](http://www.netc.edu). Your explanation should attempt to show why an **exception** to the published policy is justified. Requests that simply disagree with the policy are usually not granted.

The College refund policy is based entirely upon the official date of the withdrawal or change of course which would result in a refund. Refunds beyond the specified dates or percentages indicated in the "Schedule of Classes" will not be made for reasons such as **employment conflict, health or medical problems, moving out of town, or other reasons which are beyond the College's control or responsibility.**

5. If you are requesting an exception to the policy stated above, **PLEASE SUBMIT SUPPORTING DOCUMENTATION WITH THIS FORM.** For example, a statement from an advisor is needed when an advising error is the basis of the request; a statement from a medical professional on letterhead and including applicable dates is required when based on a medical condition. **If additional information is needed, a request will be made to the EMAIL address, which the student lists on the form.**
6. The Refund Appeals Committee will determine if proper College policies have been followed and may make an adjustment based on their review; **a written decision will be sent to the MAIL address listed on the form\***. Please note: This process usually take 2-3 weeks for processing due to the research conducted on each request submitted.

(Please read INSTRUCTIONS on opposite side of form before completing information.)

### Student Information

Name: \_\_\_\_\_ College ID # \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fee, Charge, or Refund Being Appealed (please check one):

- Tuition Fees – Advisor Error
- Tuition Fees – Death in Family
- Tuition Fees – Employer Conflict
- Tuition Fees – Medical
- Tuition Fees – Other
- Enrollment Fee
- Application Fee

Term requesting refund for: (example: Fall 06) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Course(s) your are requesting the refund for:

\_\_\_\_\_

Please explain any extenuating circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY: (Do not write below this line).**

**Date Received:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Refund Issued:** \_\_\_\_\_ **Amount Issued:** \_\_\_\_\_

**No Refund Issued:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_