



Tuition Appeal Form

Date: _____ Student Identification Number: _____

Student Name _____

Address _____

City, State, Zip _____

Telephone _____
Home Cell Work

Email Address
(optional) _____

Specify Request Tuition Refund _____ Balance Waiver _____

Semester Appealing For Spring Summer Fall Year _____

Indicate the nature of your appeal AND you provide the corresponding supporting documentation
MUST

- ___ Personal illness or injury -----
- ___ Illness or injury of an immediate family member ----
- ___ Death of an immediate family member -----
- ___ Required military or job transfer out of area -----
- ___ Other _____
- ___ Physician verification proving you were unable to attend
- ___ Physician verification stating you were primary care giver
- ___ Copy of death certificate
- ___ Military transfer orders or employer verification
- ___ Letter of explanation **and** verification

Non Attendance is not a basis for an appeal.

Attach Your Appeal Letter To This Form. Be Specific. State Your Case CLEARLY
Provide a copy of the necessary documentation to support your claim.
INCOMPLETE APPEALS WILL BE RETURNED

This completed Waiver Request form, your Appeal Letter, **AND** support documentation must be submitted to: Student Services – Rm 1054, Community College of Rhode Island, 400 East Avenue, Warwick, RI 02886 or Faxed to 401-825-1148

DO NOT WRITE BELOW THIS LINE

Committee Actions

- Approved
 - Not Approved
 - Approved with Conditions _____
- Notes: _____

Authorized Signature

Date