

CLATSOP COMMUNITY COLLEGE PETITION FOR REFUND

*Please type or print clearly using black or blue ink. Incomplete forms will not be reviewed.
Please return this form to the Student Accounts Specialist in the Student Services Center.*

This petition is to be used whether or not you have paid for your classes.

If you have paid and your petition is approved, your payment will be refunded to you.

If you have NOT paid and your petition is approved, your tuition and fees will be refunded to your account. Depending on the amount of your approved refund, your obligation to the College may be reduced or removed.

Are you receiving financial aid? YES NO

Date _____ Student ID Number _____

Student's Name (Please PRINT) _____

Student's Signature _____

Mailing Address _____

Phone Number Home _____ Work _____ Cell _____

I request a refund for the following course(s) _____

JUSTIFICATION FOR PETITION

Withdrawing from classes due to circumstances beyond your control such as job relocation, death in the family, or a medical emergency will be considered when approving or denying your request.

Medical Issues

You must explain your circumstances and you **must** attach a physician's letter or report **clearly stating why you were unable to attend classes** at Clatsop Community College.

Other Reasons

You must explain your circumstances and you **must** attach supporting evidence.

