REQUEST FOR EXCEPTION TO THE REFUND POLICY (credit courses)

NAME ________________________________________________ STUDENT ID # _____________________________

ADDRESS _______________________________ Street Address or P.O. Box ______________________________________
City ___________________________________ State ___________ Zip ____________

PHONE NUMBER ________________________________

THIS REQUEST IS FOR THE __________________ SEMESTER, FOR THE FOLLOWING CLASSES: ____________________________

Submit completed form to the Dean of Student Service’s office or Admissions and Records or fax to 775-445-3147. Your request will not be considered until you have officially withdrawn from the class(es) through myWNC. Courses dropped will remain on your transcript with a grade of “W” unless your refund exception is approved. If this request is not approved, you are responsible for all fees associated with the class(es) dropped. Deadline for submission is no later than the published deadline for dropping a course for the semester. Requests for refunds for zero credit courses must be made through Community Education.

The provisions for refunds in exceptional circumstances are outlined by the Board of Regents. Application fees are non-refundable. Refunds of registration fees and non-resident tuition for a semester may be granted only for the following instances, please check the exception for which you feel you qualify:

_____ Induction of the student into the United States Armed Forces. (Attach a copy of your military orders)
_____ Verifiable incapacitating illness or injury which prevents the student from returning to school for the remainder of the semester. (Attach a copy of your medical documentation from your doctor)
_____ Death of the student; (Attach a copy of the death certificate)
_____ Death of the spouse, child, parent or legal guardian of the student. (Attach a copy of the death certificate)
_____ Verifiable error on the part of the institution. (Attach supporting documentation)

In general, no refund is made if withdrawal is after the first half of the semester.

Please indicate the basis of your case and supply supporting documentation. Applications without appropriate documentation will not be accepted. (Attach additional sheet if necessary).

__________________________________________  ______________________
Student’s Signature Date

Revised 11/18/11

For Office Use Only:

Comments __________________________________________

Approved by__________  Disapproved by__________ Date __________  Amount of Refund ___________ %

Letter Sent by__________ Date __________ PS Processed by__________ Date __________