

## REQUEST FOR EXCEPTION TO THE REFUND POLICY (credit courses)

NAME \_\_\_\_\_ SSN# or WNC# \_\_\_\_\_

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 **Your request will not be considered until you have officially withdrawn from the class(es) through WebReg.** Courses dropped will remain on your transcript with a grade of "W" unless your refund exception is approved.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 3/25/08

**For Office Use Only:**

Comments \_\_\_\_\_

Approved by \_\_\_\_\_ Disapproved by \_\_\_\_\_ Date \_\_\_\_\_ Amount of Refund \_\_\_\_\_ %

Letter Sent by \_\_\_\_\_ Date \_\_\_\_\_ SIS Processed by \_\_\_\_\_ Date \_\_\_\_\_