## Tuition Appeal Form

| Student ID | Last Name | First Name | Phone |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  | State | Zip |
| Address | City |  |  |  |
|  |  |  |  |  |

## Student Email Address:

In some extenuating circumstances, a student may be eligible for a tuition credit or balance adjustment. State your situation below and attach supporting documentation related to your personal situation that prevented you from attending or participating in class. Some examples of supporting documentation include medical records, an obituary, or a letter from your employer indicating a significant change in your work schedule.
If this appeal is related to the COVID-19 pandemic, please give specific examples of how the COVID-19 directives have impacted your ability to continue in your classes.

| Class Number | Subject/Catalog \# (ENGL 110) | Instructor | Credit Hours | Date Student Withdrew |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Supporting documentation is required - without it - the appeal will not be reviewed.

Narrative:

I certify the above information is true and correct. I understand the decision is final and I will be notified via email when a determination is made.

Date

For Student Financial Services Office Use Only:
Return Form and Documentation to:
StudentAccounting@icc.edu
Approved: $\qquad$ Denied: $\qquad$

Letter of Credit (LOC): \$

