



Tuition Refund Committee Appeal Form

Name _____ Date _____

SID# _____ Appeal Term _____

Address _____ Phone # _____

Reason for Appeal:

☐ Death:

☐ student

☐ immediate family member

☐ Unforeseen Medical Incapacitation

☐ Administrative Error

☐ Military Duty

Please include a letter describing the reason for your appeal, as well as any supporting documentation, with this form.

Appeals received without proper documentation and formal tuition refund letter will be returned. Those received after the deadline will not be reviewed. See website (www.monroecc.edu) for specifics.

The Tuition Refund Committee does NOT, under any circumstances, take phone calls or schedule appointments. All appeals MUST be submitted in writing to:

Tuition Refund Committee
1000 East Henrietta Road
Rochester, New York 14623

To the best of my knowledge, all of the information on this form and attachment(s) is complete and accurate.

Student Signature