Tuition Appeal Application

STUDENT INFORMATION

Name: ___________________________________  MCC ID#: _______________________

Mailing Address:

________________________________________________________________________

Street  City, State  Zip

Phone #: __________________  Email Address: _____________________________

SEMESTER INFORMATION

Appeal Semester (CIRCLE ONE): FALL  SPRING  SUMMER  INTERSESSION  Appeal Year: _________

I am appealing ALL COURSES for the semester:  YES  NO

(if NO, complete the following section)

Course Number  Course Title

Example: ENG 101  Example: College Composition


HAVE YOU DROPPED/WITHDRAWN FROM THE COURSE(S) THAT YOU ARE APPEALING: YES NO

FINANCIAL AID/VA BENEFITS

___ I am receiving financial aid and have discussed with the Financial Aid Office the result of my decision to drop/withdraw and appeal my charges.

___ I am receiving VA benefits and have discussed with Veterans Services the result of my decision to drop/withdraw and appeal my charges.

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

Student Signature: _________________________________  Date: _______________
Tuition Appeal Instructions

If a student feels he or she has an extenuating circumstance which justifies an exception to the refund policy, he or she may file an appeal.

**Deadline:** Appeals must be received no later than 120 days from the end of the term in which the course(s) was offered. Appeals received after the deadline will not be considered.

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**Step 1:** Tuition Appeals Application (complete and sign)

**Step 2:** Personal Statement

Submit a letter describing the reason for your appeal.

**Step 3:** Supporting Documentation

1. **Death in the student’s immediate family (parent, sibling, child, spouse)**
   - Death certificate or dated obituary notice must be provided

2. **Unforeseen medical incapacitation**
   - In your letter please include:
     - a brief summary of the illness
     - specific date(s) of medical treatment(s) and/or hospitalization
   - Letter from the physician (on letterhead) in support of your claim

**Step 4:** Submit your appeal

All appeals must be submitted in writing to:

MCC Student Accounts Office
1000 East Henrietta Road
Rochester, NY 14623

Please allow 30-60 days for a response. The outcome of your appeal will be communicated in writing. All decisions are final.

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**Important Information**

- Appeals will NOT be approved for reasons including, but not limited to:
  - Dismissal for academic or disciplinary reasons;
  - Dissatisfaction with a course’s meeting time, location, or instructor’s mode of instruction;
  - Lack of awareness/understanding of the College’s policies, dates, and deadlines published in the College Catalog, in the Student Handbook, and online at www.monroecc.edu;
  - Textbook or computer difficulties