

Tuition Refund Exception Request Form



Business Office ■ 3838 Livernois Road, P.O. Box 7006, Troy, MI 48007-7006
248-823-1620 ■ business@walshcollege.edu

Last Name

First Name

Student ID #

____ - ____ - ____
Daytime Phone Number

Term & Class(es)

GENERAL INFORMATION

- To be considered for an exception to the refund policy, students must drop or withdraw from all course(s) (some circumstances may require dropping or withdrawing from all courses based on the documentation submitted with the request). To drop or withdraw from course(s), please contact Records and Registration at 248-823-1660. Completed courses are not eligible for a refund.
- Financial aid students should contact Financial Aid at 248-823-1665 *prior* to dropping or withdrawing from courses and prior to submitting this form. Granting a refund may impact the amount owed to the College or refunded from the College.
- The refund policy, which includes reasons why requests will not be granted, can be found at: <http://www.walshcollege.edu/refundpolicy>.
- All requests will be reviewed by the Refund Exception Committee and decisions are final. Students will be notified of the decision in writing.

IMPORTANT DEADLINE

- Requests must be postmarked within four weeks after the start of the subsequent term. Dates can be found on the Academic Calendar at: http://www.walshcollege.edu/academic_calendar.
- Late requests will *not* be reviewed.

REASON FOR EXCEPTION REQUEST

Exception requests will only be considered for the following reasons and do not guarantee a refund. Please check applicable box(es).

- Illness or injury with signed doctor's note on original letterhead indicating inability to attend course(s).
- Death of an immediate family member (spouse, parents, siblings, and children) with death certificate or death notice.
- Involuntary work transfer or shift change with employer documentation.
- Military orders/deployment.
- Other documentable unforeseen and unavoidable circumstance preventing course attendance. Please explain in an attached statement.

SUBMISSION REQUIREMENTS

Mail this completed form to the Chief Financial Officer (address above) along with **both**:

- A signed and dated statement with an explanation of the request.
- Any original documentation supporting this request.

Only signed forms, statements of request, and documentation with original signatures will be accepted. Faxed and emailed copies will not be accepted.

Authorization: I hereby request a review for a possible refund exception. I have read and understand the contents of this form including the submission deadline and reasons for a refund exception. I authorize Walsh College to review relevant aspects of my educational record and to verify the supporting documentation. I understand and acknowledge the information provided in and related to this document to be true and accurate to the best of my knowledge. I realize submitting information which is misleading or untruthful may be cause for student misconduct review. I understand the decision of the Refund Exception Committee is final and I will comply with the Committee's decision. I understand I am responsible for any financial impact this decision will have on my account including financial aid.

Signature

Date