

Request for Tuition Refund Exception



Mail to: Chief Financial Officer-Business Office
3838 Livernois Road, P.O. Box 7006, Troy, MI 48007-7006
P 248-823-1620 ■ business@walshcollege.edu

Last Name

First Name

Term of Request

Student ID #

Daytime Phone Number

IMPORTANT DEADLINE

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

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).
- The College's tuition refund policy may be found in the current catalog: <https://www.walshcollege.edu/refund-policy>. Please review prior to submitting request.
- To be considered for a tuition refund, *students must show extenuating, documentable circumstances, which were unavoidable and unforeseen preventing course attendance.*
- Exceptions will not be made for: Conflicts between personal and class schedules, overtime, accepting a new position or voluntary transfer within current employment, loss of employer tuition reimbursement, difficult class schedules or non-attendance, missing posted refund dates, or completed courses (final exam or final project completed, etc.).
- Financial aid students should contact Financial Aid at 248-823-1665 *prior* to submitting this form to find out how a tuition refund may impact your aid.
- If approved, it is a one-time exception and future requests will be denied.

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 completed medical documentation form.
- 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

Return this completed form to the address above **along with:**

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

All requests will be reviewed by the Refund Exception Committee and decisions are final. Students will be notified of the decision in writing.

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

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Medical Documentation

Must be completed by Health Care Provider. If more than one physician is treating this condition, please provide a separate copy of this sheet to each.

Student Last Name

Student First Name

Student ID #

Diagnosis (including any complications) **Please print:**

History:

1. Date patient first visited you for this condition (MM/DD/YYYY): _____/_____/_____
2. Did you prescribe that patient should stop attending classes? (circle one) **YES NO**
 - a. If yes, date on which you advised patient to stop attending classes: _____/_____/_____
 - b. If you had seen the patient earlier, would you have advised an earlier stop date? (circle one) **YES NO**
 - c. If yes, date you would have advised to stop attending classes: _____/_____/_____

Progress:

1. Circle progress made by patient: **Recovered Improved Unchanged Worsened**
From _____/_____/_____ To _____/_____/_____
2. Did current condition result in a period of confinement? (circle one) **YES NO**
 - a. If yes, where and when? House: From _____/_____/_____ To _____/_____/_____
Hospital: From _____/_____/_____ To _____/_____/_____
3. Was surgery performed? (choose one) **YES NO**
 - a. If yes, date: _____/_____/_____ Type: **Inpatient Outpatient**

Return to Classes:

1. Date patient is released to return to classes: _____/_____/_____
2. Upon return to school, will patient have any restrictions? (circle one) **YES NO**
 - a. If yes, please describe:

Provider's Signature: _____

Date: _____

Provider's Name (Please print): _____

Practice Name and Street Address: _____

City, State, Zip/Postal Code: _____

Telephone Number: _____

Fax Number: _____