



**Tuition Refund Appeal Form**

Name: \_\_\_\_\_ LoLa or Xendirect #: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Campus: \_\_\_\_\_ Term/Semester: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for Appeal:**

- Death**
  - Student       Immediate family member
- Medical Incapacitation**
- Administrative Error**
- Military Duty**
- Inadmissible Health Sciences background check**

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 refund letter will be returned. Those received after the 90 day deadline will not be reviewed. The decision of the Tuition Refund Committee is final.

The Tuition Committee does NOT, under any circumstances, take phone calls or schedule appointments. All appeals must be submitted in writing to the NTCC Vice Provost of Student Affairs.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Submitted By on Behalf of:

\_\_\_\_\_  
Date

_____ <i>Approved</i> _____ <i>Denied</i> _____ <i>Not Reviewed</i>
_____ <i>NTCC Vice Provost of Student Affairs (decision by refund committee)</i>
_____ <i>Date</i>