Student Appeal for Tuition Refund

Frederick Community College

Tuition Refund Committee

Fax: (301)624-2799 Phone: (301)846-2431

Student ID#_____

Name _____

Address _____City, State, Zip _____

Phone _____ myFCC e-mail only_____

Please enter the course information for which you are appealing-

Course_____Term_____Last date of attendance_____

Course_____Term_____Last date of attendance_____

Course_____Term_____Last date of attendance_____

Course_____Term_____Last date of attendance_____

In addition to this form you must submit the following-

1. A typed statement on separate paper to explain the details of your petition. **(REQUIRED)**
2. Supporting documentation- including but not limited to letter from Doctor, Court documents, Military orders. These papers must include dates relevant to your appeal. In the event of illness you will need to show proof that you contacted your instructor to arrange an incomplete or some other arrangement. You must prove that you were unable to complete your class(es). **(REQUIRED)**

Please read carefully before submitting this form. Any student that faces extenuating circumstances during a semester that resulted in withdrawing may submit an appeal to the Tuition Refund Committee. The Committee will evaluate petitions for situations occurring after the posted refund period. Any student that receives a portion of their refund is not eligible to appeal for further tuition refund. Petitions will only be considered if they are submitted before the end of the academic calendar year. Appeals will not be considered if they are submitted after this time frame. You must be withdrawn from the course(s) before you submit paperwork. If the date to withdraw has passed you will need to appeal to the **Admissions and Academic Policies Committee** and receive approval **before** you submit this form. The TRC meets every other month. Once a decision has been reached you will be notified by either your myFCC e-mail or mail.

I have read the above statement and have met all of the requirements.

_____ _____

Student Signature **Date**

Return form and accompanying documentation to:

Tuition Refund Committee, Box 202
Frederick Community College
7932 Opossumtown Pike
Frederick, MD 21702

For Office use only

Date received-
Reported last date of attendance-
Drop/withdrawal date-
Appeal result-