College of Charleston • Treasurer's Office
66 George Street • Charleston, SC 29424
Phone: 843.953.7312 Fax: 843.953.3906
http://treasurer.cofc.edu/appeal-for-refund

Semester: ____________________

Type of Request: (check one) Reduce Balance _____ Credit toward Next Semester _____ Return credit toward loan(s) _____

Student’s name ____________________________________________________________

Last First Middle

CWID ___________________ Phone ___________________ Email ___________________

Address _____________________________________________________________________

CIRCUMSTANCES THAT SUPPORT AN APPEAL
Below are examples of circumstances for which the Refund Appeal Committee will hear an appeal. Students must be officially withdrawn from the class and/or classes for which the appeal is being submitted.

Please check the box(es) to which your refund appeal applies

☐ Significant illness or injury that required the student to withdraw from the College. The appeal application must include a copy of the Health Documentation Form completed by the student's licensed health professional. The Health Documentation Form can be found at the bottom of the Tuition Refund information page.

☐ Significant illness or injury of an immediate family member that required the student to withdraw from the College. The appeal application must include a letter from a licensed health professional listing the medical issues of the family member and the student’s role as caregiver. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, legal guardian, or other person who stands in place of a parent. Please DO NOT include detailed medical documentation such as current medications, x-rays, photos of injury, or other documents related to the immediate family member's condition.

☐ Death of an immediate family member or guardian. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, legal guardian, or other person who stands in place of a parent. The appeal application must include documentation of death (i.e., death certificate or obituary) and the student’s relationship to the deceased.

☐ Never attended the class(es). The appeal must include verification of non-attendance from the instructors. The notification must be from the instructor of record for the class and must come from the instructors CofC email.

☐ Other. The appeal application must include confirmation regarding the nature/circumstances of the issues which prevented the student from attending/finishing the class in a timely fashion.

REquired: All tuition refund appeal applications must include a “Letter of Appeal” written by the student that describes the reason and justification for the refund appeal. The student’s letter must include applicable documentation as noted above. By signing below, the student confirms the inclusion of their “Letter of Appeal” and applicable documentation to this Tuition Refund Appeal application.

Signature ________________________ Date ____________________

Treasurer’s Office Physical Address • 170 Calhoun Street • (843) 953-7312 • http://treasurer.cofc.edu/appeal-for-refund
Refund Request Release Form

Student Name: ____________________________________________________________

College of Charleston ID#: ___________________________ Date: ________________

Important:
• This release form is in compliance with the "Buckley Amendment" – "The Family Educational
  Rights and Privacy Act of 1974" & HIPAA (Health Insurance Portability and Accountability)
  regulations
• This form must be completed in its entirety
• Information specified can only be released with written approval of the student
• Only refund information controlled by the Treasurer’s Office can be retrieved with this form

I, ____________________________ do not authorize the Treasurer’s Office of the College of
Charleston to discuss or share information with anyone other than myself.

I, ____________________________, hereby authorize the Treasurer’s Office of the College of
Charleston to release:
   _____ The status of my refund
   _____ Information contained in the documentation provided (medical, etc.)
   _____ Results/ outcome of my Refund Request

TO:

Name: _________________________________________________________________

Relationship: __________________________________________________________

Address: __________________________________________________________________

Email: ___________________________ Phone Number: __________________________

Student Signature: ___________________________ Date: ______________________
# Health Documentation Form – Part I

## Student Information

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<th>Name (Please Print)</th>
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## Instructions on Completing the Health Documentation Form

This document, including questions 1-3 on Section II, must be completed and signed by a licensed health professional. The documented information must include a detailed explanation how the particular health condition has negatively impacted the student’s academic success during the term. Each of the questions on page 2 must be addressed.

The completed form must be submitted by the student, along with their Tuition Refund Appeal Application to the Treasurer’s Office located at 170 Calhoun Street, emailed to royb@cofc.edu, or mailed to the address below:

College of Charleston  
Treasurer’s Office  
66 George Street  
Charleston, SC 29424  
Fax: 843-953-3906
Health Documentation Form – Section II

Student’s Name (Please Print) ____________________________ Date Submitted ____________________________

Health Documentation – To be completed by the Student’s Licensed Healthcare Professional

1. In your professional opinion, was it necessary for the student to withdraw from the courses listed in the tuition refund appeal?

☐ Yes ☐ No

2. Please explain the student’s health condition and how it impacted their academic success.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Please provide any additional information that you think would be useful for the committee to know when making a decision on this tuition refund appeal.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Verification of Authenticity of the Information Provided

By my signature, I certify that the above information is correct and that my records and diagnostic tests confirm the need for the student to withdraw from the College of Charleston during the term. I understand that the health information provided will be kept in the student’s confidential file.

Licensed Health Professional Signature ____________________________ Printed Professional Name ____________________________

Address and Phone Number ____________________________ Date ____________________________
INSTRUCTIONS FOR PETITIONING THE REFUND COMMITTEE

This Refund Request Form is related to Academic Fees only
Request for Housing/Dorm Fees should be directed to the Office of Residence Life. Request for reduction/refund of meal plans or dining dollars should be directed to Cougar Card Services

A committee has been authorized to approve limited exceptions to the CoFC published refund schedule (http://treasurer.cofc.edu/tuition-and-fees/refund-policy.php). To be considered by the committee a student must have completely withdrawn from the semester OR prove that he/she has had to withdraw from enough courses to be considered a part-time student at this time, with reasons for only having to withdraw from certain classes and not the other courses he/she is still taking. Refund requests should be submitted no later than the last day of classes for the particular semester from which the student has had to withdraw. Requests submitted after the last day of classes will not be considered unless documentation is provided as to why the request could not be submitted timely. When submitting a request, please provide all supporting documentation or indicate on the previous page of this form (front) that the Treasurer’s Office should request information from the Office of Undergraduate Academic Services or another ON-CAMPUS office. For any other office other than Undergraduate Services, please specify which office.

Examples of exceptions to the refund schedule (extenuating circumstances) are as follows:

- An accident, illness, injury or incident that could not have been influenced, predicted, planned for or prevented by the student or the institution
- Death of an immediate family member
- Job loss, job transfer away from the Charleston area, or military transfer

The following examples include, but are not limited to, reasons the Refund Committee will NOT consider extenuating circumstances and the student will NOT be eligible for a refund:

- Medical condition or chronic illness known to the student at the time of enrollment (unless unforeseen symptoms or relapse occur; this will be determined on a case by case basis)
- Initially enrolling in a course while knowingly employed full-time, or attempting to work one or more part-time jobs. Includes changes in work schedules that conflicts with class schedules
- Changing a major or minor
- Transferring to another institution
- Inability (for whatever reason) to pay your tuition bill, or delays in financial aid notification

Students are responsible for being informed of withdrawal procedures and refund schedules that are listed in the College catalog, semester course listing schedules, on the CoFC website, and enclosed with bills when enrolling in classes. Regardless of who enrolls the student, it is ultimately the responsibility of each student, whether full or part-time, to be mindful of enrollment and withdrawal policies, deadlines, and course withdrawal confirmation.

Clarification or additional information may be requested at any time during the review process. Additional information requested by the Refund Committee should be submitted to the Treasurer's Office within 30 days. We reserve the right to close all incomplete files within 30 days or receiving the initial Refund Request.

Medical documentation must contain date of initial treatment and dates the student was under medical care, nature of illness or injury as well as the physicians’ comments and signature.

Students will be contacted via email if any additional information is required. Once the Refund Request has been reviewed, students will be notified by email regarding the Committee’s final decision concerning their request for tuition credit/reimbursement.