

Student Academic Fees Refund Request Form
CofC Treasurer's Office, 170 Calhoun Street, Room 100
Phone # 843-953-7312, Fax # 843-953-3906 Office Hours M-F 8:30-5:00

Please read the front and back carefully before completing this form.

Please ensure that all refund requirements are met before returning this form to the Treasurer's Office for review. This includes the Refund Committee Release form, which must be turned into the Treasurer's Office in person if information is to be shared with anyone other than the petitioner; otherwise it may be mailed or faxed to the Treasurer's Office along with the Refund Request form. **Request forms will not be evaluated or considered if not accompanied by a completed Refund Committee Release form or if proper documentation to support the request.** Please attach all supporting documentation when the refund request is submitted. If supporting documentation does not accompany the request, it is the responsibility of the student to ensure all documentation is forwarded to the Treasurer's Office.

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	MI	College ID #
<hr/>			<hr/>
Student's Current Mailing Address			Semester and Year of Withdrawal
<hr/>			<hr/>
City	State	Zip	Student's Day Time Phone Number
<hr/>			<hr/>
Type of Request: _____ Reduce Balance			Email Address
_____ Credit toward			
_____ Next Semester			
_____ Return credit _____ Toward loan(s)			

Reason for request: _____

My signature is confirmation that I have carefully read the above instructions, the attached instructions, as well as the policy for requesting an Academic Fee Refund or Credit. *By signing where indicated, I authorize the Undergraduate Academic Services Office, the Graduate School and/or other relevant College of Charleston offices to release my medical and/or other documentation related to this request to the Treasurer's Office. I understand it is my responsibility to ensure my documents are delivered to the Treasurer's Office.

Student Signature

Today's Date

*Student signature required here if additional information is needed from UAS or other CofC offices

Name(s) of other CofC office(s)

Approved/Disapproved: _____ Date: _____

Reason: _____ Date: _____

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 authorized** 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: _____

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 of 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.

