

Student Academic Fees Refund Request Form

CofC Treasurer's Office, 170 Calhoun Street, Room 100 or 103

Phone# 843-953-7311 or 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 insure 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Refund Committee Release Form, proper documentation to support the request, and if the student is not completely withdrawn from all classes for the semester in question. Please pay strict attention to the deadlines as prescribed in the instructions for petitioning the Refund Committee located on the back (second page) of this form.** 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 insure all documentation is forwarded to the Treasurer's Office by the deadline as stated in the instructions for petitioning the Refund Committee on the back (second page) of this form. Once the deadline has passed, incomplete Refund Requests will be denied without further consideration.

Last Name _____	First Name _____	MI _____	_____
Student's Current Mailing Address _____			Semester and Year of Withdraw _____
City _____	State _____	Zip _____	Student's Day Time Phone Number _____
Type of Request: _____	Refund Check _____		
OR _____	Credit toward _____		Email Address _____
	Semester _____		

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 Studies Office 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 Undergraduate Studies or other CofC offices

Name(s) of other CofC office(s) _____

Approved / Disapproved: _____ Date: _____

Reason: _____ Date: _____

INSTRUCTIONS FOR PETITIONING THE REFUND COMMITTEE

This Refund Request Form is related to Academic Fees only.

Request for Housing Fees should be directed to the Office of Residence Life and Housing. Request for Food Services or Cougar Cards should be directed to the Auxiliary Services Office.

A committee has been authorized to approve limited exceptions to the CofC published refund schedule. To be considered by the committee, **TOTAL WITHDRAWAL** from the College of Charleston is required, and refund requests, along with supporting documentation, must be submitted in writing to the Treasurer's office as follows: refunds for the **Fall Semester along with documentation must be submitted no later than the last day of class of the Fall Semester**; refunds for the **Spring Semester along with documentation must be submitted no later than the last day of class of the Spring Semester**; refunds for the **Summer Terms along with documentation must be submitted no later than the first day of class of the Fall Semester**. Requests that are submitted after the deadline stated **will not be considered for a refund**. If the committee approves an exception, in many cases the request results in a reduction in charges owed (**credit against bill**) versus a refund check of charges paid. 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 Undergraduate Studies or another ON-CAMPUS office. For any office other than Undergraduate Studies, please specify which office.

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

1. **An accident, illness, injury or incident that could not have been influenced, predicted, planned for or prevented by the student or the institution.**
2. **Death of an immediate family member.**
3. **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.

1. **Medical condition or chronic illness known to the student at the time of enrollment.**
2. **Initially enrolling in a course while knowingly employed full-time, or attempting to work one or more part-time jobs. Includes change in work schedules that conflicts with class schedules.**
3. **Changing a major or minor.**
4. **Transferring to another institution.**
5. **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 web site, 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.

Requests will not be considered if not accompanied by completed Refund Release Form and without official and acceptable documentation to support the reason for total withdrawal.

Clarification or additional information may be requested at any time during the review process. Additional information requested by the Refund Committee must be submitted to the Treasurer's Office within 30 days of the request. If the information is NOT received within 30 days, the Refund Committee reserves the right to close the file, without further consideration.

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 physician's comments and signature.

All financial obligations due to the College will be deducted from any refund due to the student. Fee refunds for those students who received and used financial aid in payment of semester course fees will be applied toward repayment of that financial aid. Students are advised not to depend upon possible refund/credit to pay a current or past due balance owed to the College of Charleston as the committee meets on an irregular schedule.

Students will be contacted in writing if additional information is required before a decision can be reached. The Refund Committee meets approximately once a month. Notification of the committee's decision will be made by phone or in writing to the student.

Treasurer's Office Refund Committee Release Form

Student Name: _____

#: _____ Date: _____

Important:

- This release form is in compliance with the "Buckley Amendment" – "The Family Educational Rights and Privacy Act of 1974."
- This form must be completed in its *entirety* and submitted *in person* each time a refund request is petitioned. ***Please see important note at the end of this form.**
- Information specified can only be released with written approval of the student.
- Information may be shared in writing or orally (over the phone).
- 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 request
- _____ Information contained in the documentation supporting my refund request
- _____ Results / outcome of my refund request
- _____ Other (must specify)

***Please note that if information is to be shared with any person other than the individual petitioning a refund, this form should be turned into the Treasurer's Office by the petitioner in person.**

This information is to be released to:
(Name, relationship and Complete Address)

Name: _____ Relationship: _____

Address: _____

Phone Number (s): _____

This information is to be released from today _____ until _____.
(Today's date) (Indicate specified date)

Reason for the release of this information:

Student's Signature: _____ Date: _____

***Please note that if you authorize the Treasurer's Office to share your information, then this form along with the Refund Request Form needs to be turned into the Treasurer's Office at the College of Charleston in person by the petitioner. If you do not authorize Treasurer's Office to share any information then this form may be mailed in or faxed to the Treasurer's Office along with the completed Refund Request Form.**

Office Use Only

Received by: _____ Date: _____

Released by: _____ Date: _____