

College of Charleston ♦ Treasurer's Office  
66 George Street ♦ Charleston, SC 29424  
Phone: 843.953.5886 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 Students must be officially withdrawn from the class and/or classes for which the appeal is being submitted.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).** Do not use this form. Please contact the instructor to update attendance using the Deletion from Grade Roll Form available in the instructor's MyCharleston.
- 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 \_\_\_\_\_

## Refund Request Release of Information Form

Student Name: \_\_\_\_\_

CWID \_\_\_\_\_

Date: \_\_\_\_\_

### Important:

- This release form is in compliance with the “Buckley Amendment” – The Family Educational Rights and Privacy Act of 1974” & HIPPA (Health Insurance Portability and Accountability) regulations.
- This form must be completed in its entirety.
- Information can only be released with written consent of the student.
- Only refund information controlled by the Treasurer’s Office can be obtained 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, \_\_\_\_\_ do authorize the Treasurer’s Office at the College of Charleston to release the following information:

\_\_\_\_\_ The status of my refund

\_\_\_\_\_ Information provided with my request (statements, medical information)

\_\_\_\_\_ The outcome of my refund request.

Person allowed to receive information regarding my refund:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Health Documentation Form – Part I

### Student Information

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CWID

\_\_\_\_\_  
CofC email address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### 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 [eliase@cofc.edu](mailto:eliase@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

**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 is related to Tuition and Fees ONLY.**

Requests for housing/dorm fees should be directed to the Office of Residence Life.

Requests 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 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 term the student has to withdraw.**

Requests submitted after the last day of classes will not be considered unless documentation is provided as to why the request was not submitted by the last day of classes. When submitting a request, please provide all supporting documentation from doctors and any on-campus departments.

### **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 illness known to the student at time of enrollment (unless unforeseen symptoms or relapse occur; this will be determined on a case by case basis).
- Schedule conflicts with employment, whether full-time or multiple part-time jobs.
- Change in major or minor.
- Transferring to another institution.
- Inability (for any 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-time 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 Refund Request.

Students will be contacted via email if additional information is needed. All determinations of the Refund Committee will be emailed to the student's College of Charleston email.