



Appeal for Tuition Refund

It is the responsibility of our students at Fletcher Technical Community College (Fletcher) to be aware of the refund policy as stated in the college catalog. Drop deadlines can also be found in the Semester Bulletins or at www.fletcher.edu as well as in the Student Services office.

Students may appeal a refund received or request a partial refund after the published deadlines for documented extenuating circumstances. The Tuition Appeal Form must be submitted no later than 6 months from the last day of finals for the semester you are appealing. Appeals must be for courses previously dropped. Tuition refund appeals will not be granted for circumstances relating to grades or if a grade was received for the course. Extenuating circumstances may include student illness during the semester, death of immediate family member during the semester, Employment changes, or military deployment/reactivation.

The Appeals Committee requires the following:

1. Completed Tuition Refund Appeal Form
2. A written explanation of the circumstances for requesting the appeal
3. Attached supporting documentation to substantiate your request (i.e., medical documentation completed by a physician, letter on company letterhead from employer, death notice, a copy of official deployment/reactivation notice, etc.)

NOTE: Incomplete or undocumented requests will not be reviewed. Approval of your request for an appeal may not relieve you if your financial obligations and may affect your financial aid or veteran's benefit.

All items must be attached to the Refund Exception Appeal Form and submitted to the Director of Financial Aid in Student Services at the main campus or mailed to the same at Fletcher Technical Community College, 1407 Highway 311, Schriever, LA 70395. Please allow up to four weeks for appeals to be reviewed and processed. You will receive written notification of the committee's decision.



Refund Appeal Form

Please Print or Type

Appeal for: _____ Student ID: _____
Term Year

Name _____
Last/ First/ Middle/ Maiden

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____)-_____ Work Telephone (____) _____

Email Address _____

List all classes that you are requesting a refund exception: See example below.

Table with 5 columns: SUBJECT, COURSE #, COURSE TITLE, Credit Hrs, INSTRUCTOR. Includes an example row and five numbered rows for student input.

In order for the Appeals committee to understand why you were unable to withdraw by the posted deadline date, you must provide a written explanation and attach documentation to substantiate your request.

FALSIFIED DOCUMENTATION WILL RESULT IN DISCIPLINARY ACTION

Student's Signature _____ Date _____