



Waiver & Refund Appeal Form



Important: Complete this form only if you are seeking an exception to the CCC Refund Policy. In the event a student experiences extraordinary circumstances that necessitates their withdrawing from a course beyond the allowable drop period, a refund & waiver appeal must be submitted within 10 calendar days from the date of withdrawal. For those students who do not withdraw and receive a grade, request must be submitted within 10 days from the end of that semester. The full withdrawal and refund policy can be found at <https://www.capitalcc.edu/student-services/refund-of-tuition-fees>.

Appeals will only be considered for the following extraordinary circumstances: severe illness or medical emergency (a doctor's note is required), military transfer, administrative error, change of employment situation, childcare issues (documentation is required for all circumstances to be considered) death in immediate family (documentation copy of death certificate). The following circumstances will NOT be considered: misunderstanding of start date or dates of class, misunderstanding of registration process, inability to transfer course, normal illness, transportation issues, poor decision or change of mind by student regarding course selection, or dissatisfaction with course content or instructor.

Instructions for completing this form and submitting an appeal: Read the Refund Policy and determine if you meet the guidelines. If you meet the guidelines, you must withdraw from course(s) prior to submitting an appeal. Provide all information requested below and attach supporting documentation. Forms without documentation will not be considered. Sign, date and submit in person to the Associate Dean of Student's Office or mail to Refund & Waiver Appeals Committee, Associate Dean of Student's Office, Capital Community College, 950 Main Street Hartford, CT 06103. The Refund & Waiver Appeals Committee meets weekly. You will receive a written response notifying you of the outcome.

STUDENT INFORMATION

First Name	MI	Last Name	Banner ID Number	
Mailing Address				
City			State	Zip
Semester and year (please check only one): <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ <input type="checkbox"/> Other _____				
Phone Number		Email Address		

LIST COURSES AND REASON FOR REFUND EXEMPTION

CRN/Course	CRN/Course
CRN/Course	CRN/Course
CRN/Course	CRN/Course
Reason (Please attach supporting documents; requests will not be considered without appropriate documentation.)	
Please indicate whether or not you have been attending classes.	

SIGNATURES

Are you a receiving financial aid? (please check only one): <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you MUST obtain the signature of a Financial Aid staff member before submitting this form or appeal will not be considered. Please consult financial aid staff as federal regulations may affect your account.
Financial Aid Staff Signature	Date
Student Signature	Date

FOR OFFICE USE ONLY

Date: ___/___/___ Adjustment: _____ Denied: _____ Response: _____