



## REFUND REQUEST FORM

### GUIDELINES

Tuition Appeals are for students who are requesting a refund, credit, or balance waiver of their tuition and/or fees due to extenuating circumstances that occurred during a given term.

The Refund Committee will consider requests for adjustments to tuition charges when a student can document extenuating circumstances such as:

- **Student Illness**: A note from your physician or medical provider on their letterhead indicating the dates you were unable to attend class. The note must be signed by your physician or medical provider. Excuse slips, copies of invoices, confirmations, statements of insurance payments, etc. are not acceptable documentation.
- **Illness of immediate family member**: A student's spouse, children (son or daughter), and parents are immediate family members for purposes of this appeal. A note from your family member's physician or medical provider on their letterhead indicating the dates of illness. The note must be signed by the physician or medical provider.
- **Death of immediate family member**: Submit a death certificate, obituary or death notice. Documents must clearly indicate the relationship of the deceased to the student. A student's spouse, children (son or daughter), and parents are immediate family members for purposes of this appeal.
- **Military deployment**: A copy of the official deployment/reactivation notice. Deployment and reactivation dates must be within the semester you are appealing.
- **Change in employment**: beyond the student's control that prevents the student from attending the classes for which he/she is registered. A letter from your employer on company letterhead indicating the reason and date of the change in work schedule.
- **Verifiable Institutional Error**: Provide a detailed account of the problem and relevant documents on College letterhead from the College Office involved or advisor indication that incorrect information was given by a College representative.

The College is a state agency; therefore, all tuition adjustments must be substantiated and are subject to review by the State of Louisiana Office of the Legislative Auditor. The following are reasons for denial of a refund:

- Non-attendance or dropping course(s) without sufficient justification and/or unsupported or substantiated reasons;
- Denial of or late application for federal financial assistance after a promissory note has been signed;
- Dropping disallowed credit courses by students on academic probation or suspension (It is the student's responsibility to know his or her academic status and the classes in which he or she is eligible to enroll before registering.); and/or
- Discontinued enrollment in Term AB program due to insufficient grade.

If financial aid or the term identified in this appeal was received, submission of a tuition/fee adjustment appeal could impact the student's financial aid status and result in money owed. It is recommended that the student discuss these implications with the Financial Aid Office before submitting an appeal. If a student is a recipient of Veteran's Benefits, it is important for the student to discuss the appeal with the Veteran's Educational Benefits certifying officials in the Office of the Registrar before proceeding with the request.

Students should be advised that submission of a tuition appeal does not exempt the student's account from the assessment of collection and/or financial penalties. Tuition and fees should be paid when due.

Refund requests are forwarded to a Refund Committee, which consists of representatives of the Registrar's Office, Admissions Office, Office of Student Financial Assistance, and the Accounting Department, as well as appointed academic staff representatives. Fall Semester refund requests must be received by the end of the following summer session. Spring Semester refund requests must be received by the end of the following fall semester. Summer Session refund requests must be received by the end of the following spring semester.

**Committee Decision**: The Committee Chair will notify the student of the Refund Committee's decision. A student may make a final appeal to the Vice Chancellor for Business and Administrative Affairs or designee within 30 days of notification of the Refund Committee's decision.



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STUDENT INFORMATION					
Last Name:	_____	First Name:	_____	LoLA ID:	_____
Email Address:	_____		Semester/Year:	_____	
Amount Requested:	_____	Financial Aid Received:	_____	Refunds Received:	_____

SCHEDULE OF DROPPED COURSES			
COURSE(S)	Date of Drop	Course/Section	Credit Hours
Course #1			
Course #2			
Course #3			
Course #4			
Course #5			
Course #6			

REASON FOR APPEAL
<input type="checkbox"/> Student Illness: A note from your physician or medical provider on their letterhead indicating the dates you were unable to attend class. The note must be signed by your physician or medical provider. Excuse slips, copies of invoices, confirmations, statements of insurance payments, etc. are not acceptable documentation.
<input type="checkbox"/> Illness of immediate family member: A note from your family member's physician or medical provider on their letterhead indicating the dates of illness. The note must be signed by the physician or medical provider.
<input type="checkbox"/> Death of immediate family member: Submit a death certificate, obituary or death notice. Documents must clearly indicate the relationship of the deceased to the student.
<input type="checkbox"/> Military deployment: A copy of the official deployment/reactivation notice. Deployment and reactivation dates must be within the semester you are appealing.
<input type="checkbox"/> Change in employment: beyond the student's control that prevents the student from attending the classes for which he/she is registered. A letter from your employer on company letterhead indicating the reason and date of the change in work schedule.
<input type="checkbox"/> Verifiable Institutional Error: Provide a detailed account of the problem and relevant documents on College letterhead from the College Office involved or advisor indication that incorrect information was given by a College representative.
<input type="checkbox"/> Other: Please Specify

**REFUND REQUEST FORM**

**EXPLANATION**

Provide a carefully detailed chronological explanation of why you feel you are justified in requesting a refund. You must provide dates in your explanation.

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**AGREEMENT**

- Withdrawal Requirements:** By signing this Appeal I acknowledge that I have withdrawn from my class(es) listed on this request.
- Documentation Requirements:** Attached is the supporting documentation. Student Letter and supporting documentation must accompany this form for consideration.
- Financial Aid:** If I am receiving any financial aid and this Appeal is approved, I understand that it may reduce or cancel my financial aid. I also understand it is my responsibility to discuss these implications with the Financial Aid office before submitting an appeal.
- Notification of Decision:** I understand the Refund Committee will notify me by email of their decision regarding my appeal.
- Acknowledgment of Terms & Conditions:** I have reviewed the information contained in this document and BY SIGNING BELOW, I UNDERSTAND THE IMPLICATIONS OF MY APPEAL.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**TO BE COMPLETED BY BURSAR OFFICE**

Committee Chair: \_\_\_\_\_ Notification Date: \_\_\_\_\_

- Committee Decision:
- Refund Approved
  - Refund Denied
  - Pending Documentation

Amount Approved: \_\_\_\_\_

Comments:

Processed By: \_\_\_\_\_

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