



REFUND REQUEST FORM

GUIDELINES

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

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

Be advised that filing a tuition appeal does not exempt your account from the assessment of collection and/or financial penalties. Please pay tuition and fees when due.

The College is a state agency, and therefore, all tuition/fee 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 without sufficient justification;
- Denial of or late application for federal financial;
- 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.)
- Unsupported or unsubstantiated reasons/justifications.
- Refund requests are submitted to the Bursar's Office and 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. 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 within 30 days of notification of the Refund Committee's decision.



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STUDENT INFORMATION	
Student Name: _____	Student LoLA ID: _____
Email Address: _____	Semester/Year: _____

ACCOUNT INFORMATION	
Type of Refund: <input type="checkbox"/> Tuition Refund <input type="checkbox"/> Tuition Credit (to be used for future term) <input type="checkbox"/> Balance Waiver	
Amount Requested: \$ _____	Financial Aid Received: \$ _____ Refunds Received: \$ _____

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



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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.

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 Tuition Appeals 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

Received by: _____ Date: _____

Recommendation of Refund Committee: Refund Approved Refund Amount
 Refund Denied (Percent or Dollar): _____

Comments:

Signature of Committee Chair: _____ Date: _____