



REFUND REQUEST FORM

GUIDELINES

Tuition Appeals are for students who are requesting an adjustment of their tuition and/or fees for dropped or withdrawn course(s) due to experiencing a Qualifying Event during the semester or term that was not a result of the student's choice. Students who wish to appeal their tuition/fee adjustments (or lack thereof) must complete and submit an online [Refund Request Form](#) that must include reasons and supporting documentation.

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 reasons are **NOT** considered Qualifying Events:

- Non-attendance or dropping course(s) *without* sufficient justification and/or supported or substantiated reasons;
- Denial of or late application for federal financial assistance after a promissory note has been signed; and
- 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.)

The Refund Committee will consider requests for adjustments to tuition/fee charges when a student experienced a Qualifying Event and can provide the required documentation. **Failure to submit the required paperwork will result in appeal denial.**

- **Student Illness:** An unexpected illness or injury that prevented the student's continued attendance. A [Student Illness Certification Form](#) must be completed by a *licensed medical professional* and submitted with the appeal.
- **Primary Caregiver for Ill Family Member:** The student became the primary caregiver for an ill family member. A [Primary Caregiver for Ill Family Member Certification Form](#) must be completed by a *licensed medical professional* and submitted with the appeal.
- **Death of Immediate Family Member:** A student's spouse, children (son or daughter), and parents are immediate family members for purposes of this appeal category. A [Death of Immediate Family Member Certification Form](#) and one of the following documents (Death Certificate, Obituary, Death Notice) must be submitted with the appeal.
- **Military Deployment:** Deployment and reactivation dates must be within the semester you are appealing. A copy of the official deployment/reactivation notice must be submitted with the appeal.
- **Change in Employment:** Change in employment beyond the student's control that prevents the student from attending the classes for which he/she is registered. A [Change in Employment Certification Form](#) must be submitted with the appeal.
- **Victim of a Crime:** The student was the victim of a crime and/or violence, harassment, stalking, etc. A copy of the police report must be submitted with the appeal.
- **Natural Disaster or Emergency:** *This only applies when Delgado changes policy due to a disaster or emergency.* Acceptable documentation and instruction will be posted on the Tuition Appeal website.
- **Verifiable Institutional Error:** An [Institutional Error Certification Form](#) must be submitted with the appeal.

If financial aid for 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 Veteran Education Benefits certifying officials in the Registrar's Office before proceeding with the appeal.

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. The Final Appeal **MUST** include the required documentation as indicated above.



REFUND REQUEST FORM

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
<ul style="list-style-type: none"> <input type="checkbox"/> Student Illness: An unexpected illness or injury that prevented the student’s continued attendance. A Student Illness Certification Form must be completed by a <i>licensed medical professional</i> and submitted with the appeal. <input type="checkbox"/> Primary Caregiver for Ill Family Member: The student became the primary caregiver for an ill family member. A Primary Caregiver for Ill Family Member Certification Form must be completed by a <i>licensed medical professional</i> and submitted with the appeal. <input type="checkbox"/> Death of Immediate Family Member: A student’s spouse, children (son or daughter), and parents are immediate family members for purposes of this appeal category. A Death of Immediate Family Member Certification Form and one of the following documents (Death Certificate, Obituary, Death Notice) must be submitted with the appeal. <input type="checkbox"/> Military Deployment: Deployment and reactivation dates must be within the semester you are appealing. A copy of the official deployment/reactivation notice must be submitted with the appeal. <input type="checkbox"/> Change in Employment: Change in employment beyond the student’s control that prevents the student from attending the classes for which he/she is registered. A Change in Employment Certification Form must be submitted with the appeal. <input type="checkbox"/> Victim of a Crime: The student was the victim of a crime and/or violence, harassment, stalking, etc. A copy of the police report must be submitted with the appeal. <input type="checkbox"/> Natural Disaster or Emergency: <i>This only applies when Delgado changes policy due to a disaster or emergency.</i> Acceptable documentation and instruction will be posted on the Tuition Appeal website. <input type="checkbox"/> Verifiable Institutional Error: An Institutional Error Certification Form must be submitted with the appeal.



REFUND REQUEST FORM

EXPLANATION

Please provide a brief narrative of your circumstances. This is your opportunity to help the Tuition Appeal Committee understand why you are appealing.

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 justification 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 Office of Student Financial Assistance 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 Member: _____ Entered Date: _____

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

Amount Approved: _____

Comments:

Processed By: _____

Notification Date: _____