



Change in Employment Certification Form for Refund Request (Tuition Appeal) Purposes

This form must be completed by the student's supervisor or Human Resources representative. **Form and signatures cannot be typed.** Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

Student Information: To be completed before submitting to supervisor or Human Resources representative.

Student Name: _____ Student ID: _____

Email Address: _____ Date of Birth: _____

Phone Number: _____ Semester: _____

I authorize the release of employment information necessary to process this Tuition Appeal

Student Signature _____ Date _____

To be completed by Student's Employer: The student may not write in this box.

Company Name: _____

Company Address: _____

Supervisor/HR Representative Name: _____

Supervisor/HR Representative Title: _____

Employer Email: _____ Employer Phone: _____

Student's Employment Status: ☐ Full-Time ☐ Part-Time Average Hours Worked per Week _____

The change in work schedule is due to: ☐ Company Lay Off ☐ Change in Mandatory Work Hours

For a student change in work schedule tuition refund appeal to be approved, the change must be mandatory.

Voluntary job changes and having been terminated from a job due to choices made by the student do not apply.

Please indicate the starting date (and ending date if applicable) of the change in employment.

From: _____ To: _____ Leave to date blank if permanent change.

Would the condition have affected the student's ability to participate in/complete in-person courses (Yes/No): _____

Would the condition have affected the student's ability to participate in/complete online courses (Yes/No): _____

Authorized Employer Signature (Required) _____ Date (Required) _____