Delgado
COMMUNITY COLLEGE

Instituitional Error Certification Form
for Refund Request (Tuition Appeal) Purposes

This form must be completed by a Delgado Director, Dean, or Vice Chancellor. **Form and signatures cannot be typed.** Once the entire form is completed, the student may take a clear photo or scan of the form to include as documentation with the Refund Request Form (Tuition Appeal Application). Tuition Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

Student Information: To be completed by the student.	
Student Name:	Student ID:
Email Address:	Date of Birth:
Phone Number:	Semester:

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

Student Signature   Date

Delgado Office Use Only: The student may not write in this box.

Employee Name:

Employee Title :

Department/School: Email:

Provide a brief description of the institutional error that occurred or indicate if supporting justification is attached.

List course(s) impacted by the intuitional error:

Course CRN and Number		Course CRN and Number

Authorized Employee's Signature and Date (Required)