



Purpose:

In the event that **emergency medical or family reasons** prevent a student from obtaining a tuition refund adjustment according to the college's refund schedule, the Tuition Adjustment Advisory Council (TAAC) reviews appeals for financial adjustments in a timely, fair and reasonable manner. Appeals will be accepted for current term only.

NAME: _____

DATE: _____

ADDRESS: _____

STUDENT ID: _____

COURSE(S): _____

SEMESTER: _____

Examples of reasons for appeals NOT being accepted:

- Appealing for non-refundable registration fees
- Voluntary employment change
- Issues between the student and the instructor
- Disciplinary action
- Unaware of drop schedule
- Nonattendance to registered courses
- Incorrect or unnecessary enrollment in course
- Refund voiced by instructor or dean of the division.

In all cases, the student must demonstrate their situation interrupted their ability to:

- Adhere to the standard drop procedure (administrative procedure 2.102)
- Attend class(es) for a substantial length of time
- Complete the semester

Only one appeal will be considered during a student's entire academic career at ECC.

The decision of the TAAC committee is final.

Appeal Deadlines

Summer term: 08/18/17 Fall term: 01/12/18 Spring term: 05/31/18

Check each box to confirm:

- Make sure to drop the course(s) first. This form must be submitted by the term deadlines listed above.
- Make sure you understand only one appeal will be considered during your entire academic career at ECC.
- Check the medical or family box below and complete as indicated.
- Attach external documentation required as specified below. Appeals without documentation will not be considered.

Medical emergency:

- **Definition:** Documented medical diagnosis or injury by an outside physician or medical provider which prevented successful completion of coursework.
- **External documentation required:** Signed statement from an outside physician or medical provider on their letterhead that states the diagnosis and why the student could not complete the semester.
- **Reason:** Please explain how the illness or injury impacted your ability to successfully complete the course(s). You must include dates of services or procedures. Use back of form or attach documents as needed.

Family emergency:

- **Definition:** Documented that the student became the primary caretaker for a family member's illness or a death of a family member during the term of enrollment. A family member is a parent, child, spouse, sibling or grandparent.
- **External documentation required:** Signed statement from an outside physician or medical provider on their letterhead indicating the dates of illness and need for a caregiver. In the case of a death, copy of the death certificate or obituary.
- **Reason:** Please explain your relationship to the family member and how their illness or death impacted your ability to successfully complete the course(s). Use back of form or attach documents as needed.

Mail to or drop off at:

Elgin Community College, Student Accounts Office -B151
1700 Spartan Drive, Elgin IL 60123-7193

By signing this request, I understand: If I withdraw from a class or classes, I may no longer be eligible for the full amount of financial aid originally awarded. My aid may be reduced or removed completely. **Students that receive financial aid are strongly encouraged to visit the Financial Aid Office prior to withdrawing.**

STUDENT SIGNATURE: _____