INSTRUCTIONS:

1. Appeals will not be considered for refunds on terms after one year from the date of enrollment.

2. Student or other Appellant should complete this form and mail to:

   Northeastern Technical College, Office of Student Services
   1201 Chesterfield Highway, Cheraw, SC 29520

   or deliver to Student Services, Room 110 in Ingram Hall.

3. College fees, charges, or refunds may be appealed on this form. **Book charges cannot be refunded.**

4. The College has published policies on most fees, charges, and refunds. This information is available on the college web page at [www.netc.edu](http://www.netc.edu). Your explanation should attempt to show why an exception to the published policy is justified. Requests that simply disagree with the policy are usually not granted. The College refund policy is based entirely upon the official date of the withdrawal or change of course which would result in a refund. Refunds beyond the specified dates or percentages indicated in the “Schedule of Classes” will not be made for reasons such as employment conflict, moving out of town, or other reasons which are beyond the College’s control or responsibility.

5. If you are requesting an exception to the policy stated above, PLEASE SUBMIT SUPPORTING DOCUMENTATION WITH THIS FORM. For example, a statement from a medical professional on letterhead and including applicable dates is required when based on a medical condition.

6. The Refund Appeals Committee will determine if proper College policies have been followed and may make an adjustment based on their review. You will be notified by the Records Office regarding the decision of the appeal. Make sure you provide a working number. **Please note:** This process usually takes 2-3 weeks for processing due to the research conducted on each request submitted.
(Please read INSTRUCTIONS on opposite side of form before completing information.)

**Student Information**

Name: ________________________________  College ID # ____________________________

Email: ________________________________  Daytime Phone: ____________________________

Cell Phone: ____________________________  Street Address: ____________________________

City: ________________________________  State: ____________  Zip: ________________________

Fee, Charge, or Refund Being Appealed (please check one):

- [ ] Tuition Fees – Advisor Error
- [ ] Tuition Fees – Death in Family
- [ ] Tuition Fees – Employer Conflict
- [ ] Tuition Fees – Medical
- [ ] Tuition Fees – Other

Term requesting refund for: (example: Fall 06) Fall _________ Spring _________ Summer _________

Course(s) you are requesting the refund for:

________________________________________________________________________________________

Please give a detailed statement of your extenuating circumstances:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student Signature ____________________________  Date ____________________________

FOR OFFICE USE ONLY: (Do not write below this line).

**Records Office**

Date Received: ____________________________

Date Completed: ____________________________

Amount Issued: ____________________________

By: ____________________________

**Refund Appeal Committee**

Refund Approved: ________  Disapproved: ________

Signature: ____________________________

Date: ____________________________

Cc: Business Office

Revised 02/23/15