

NORWALK COMMUNITY COLLEGE
BOARD OF REGENTS FOR HIGHER EDUCATION

Tuition Refund Request Form

♦ **REFUND POLICY FOR FALL / SPRING SEMESTERS**

100% OF TUITION POLICY

For Notice of Withdrawal or reduction in your course load received prior to the College semester's starting date listed in the schedule, a refund of 100% of the applicable tuition will be granted. Registration fees are not refundable.

50% OF TUITION POLICY

For Notice of Withdrawal or reduction in course load received on the first day of the College semester's classes through the 14th calendar day of that semester, a refund of 50% of the applicable tuition will be granted. Registration fees are not refundable.

NO REFUND WILL BE GRANTED AFTER THE 14TH DAY OF THAT FALL OR SPRING SEMESTER.

♦ **REFUND POLICY FOR SUMMER AND WINTER SESSIONS**

100% OF TUITION POLICY

For Notice of Withdrawal received prior to the first day of classes for that summer or winter session, a refund of 100% of tuition will be granted.

NO REFUND WILL BE GRANTED AS OF THE FIRST DAY OF THE SESSION FOR WHICH YOU HAVE REGISTERED.

**STUDENT INFORMATION SECTION – 1) COMPLETE THE INFORMATION IN THIS SECTION.
2) SHOW THE FORM TO THE RECORDS OFFICE. 3) TAKE THE FORM TO THE BUSINESS OFFICE.**

TODAY'S DATE _____ REFUND IS FOR: SEMESTER _____ YEAR _____

HAVE YOU PREVIOUSLY REQUESTED A REFUND FOR THIS SEMESTER? _____ YES _____ NO

IF YES, ON WHAT DATE WAS THIS REQUESTED? _____

REASON FOR REFUND: _____ WITHDRAWAL _____ COURSE CANCELLATION
_____ OTHER (SEE BACK OF FORM FOR EXTENUATING CIRCUMSTANCES)

STUDENT I.D. @ _____ DATE OF BIRTH _____ / _____ / _____

NAME _____
LAST FIRST MI

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CHECK HERE IF NEW ADDRESS _____

PHONE NUMBER: HOME _____ CELL _____ WORK _____

*TYPE OF PAYMENT: CREDIT CARD _____ CASH / CHECK _____

*If you paid through Financial Aid or a form of waiver you are not due a refund.

STUDENT'S SIGNATURE _____ DATE _____

STUDENTS – DO NOT WRITE BELOW THIS LINE:

FOR RECORDS OFFICE USE ONLY:

Address Verified by Records Office: Date _____ Initials _____

FOR BUSINESS OFFICE USE ONLY:

CASH RECEIPT# _____ AMOUNT PAID _____

CREDITS BEFORE _____ CREDITS AFTER _____

REFUND AMOUNT DUE _____ DATE OF REFUND _____

STATE OF CONNECTICUT REFUND POLICY FOR EXTENUATING CIRCUMSTANCES

FALL AND SPRING SEMESTERS REFUND APPEAL POLICY

A refund appeal may be filed in writing after the deadline stated in the College's refund policy.

No appeals will be considered **except** for the following reasons:

- **Student with severe illness documented with a doctor's written verification.**
- **Documented military orders.**
- **Erroneous advisement by the College with documentation.**

Refer to the semester schedule or the College Catalog for the College's full refund policy and deadlines. Please submit your written statement with documentation to the Record's Office, East Campus, Room E102.

SUMMER AND WINTER SESSION REFUND APPEAL POLICY

Requests for an appeal must be submitted to the Records Office, Room E102. A Refund Appeal Committee reviews requests at the end of the term.

COURSE CANCELLATION POLICY

For any course that is cancelled by the College, the tuition and fees for that course can be refunded. A request in writing must be received by the Records Office in order to process the refund.