NORWALK COMMUNITY COLLEGE
BOARD OF TRUSTEES FOR COMMUNITY – TECHNICAL COLLEGES

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 SESSIONS

100% OF TUITION POLICY

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

NO REFUND WILL BE GRANTED AS OF THE FIRST DAY OF THE SUMMER 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)

SOCIAL SECURITY NUMBER_____/_____/_____ STUDENT I.D. @_____

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 SESSION REFUND APPEAL POLICY

All appeals must be made within the first week of that summer session you are appealing. Summer session requests for an appeal must be submitted to Dave Chrzanowski in the West Campus Room W102b, or the Academic Dean, Pamela Edington in the West Campus, Room W106f.

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.