

# Southwest Wisconsin Technical College

## RETROACTIVE COURSE CANCELLATION & TUITION REFUND APPEAL

**INSTRUCTIONS:** Retroactive course cancellation and tuition refund appeals are granted only in cases of rare and extreme circumstances and are not granted for failure to cancel, nonattendance, or employment. Before completing this form, you should meet with an advisor to discuss options, including taking incompletes in your courses. If you decide to proceed with the appeal process, you must:

- Complete Sections A, B and C below;
- Attach the required supporting documentation and personal statement; and
- Submit this information to the address below:

Southwest Wisconsin Technical College Attn: Registrar  
1800 Bronson Boulevard  
Fennimore, WI 53809

If you have, or think you have, a disability related to this tuition refund appeal, consult with the Disability Services Office in the Knox Learning Center or via phone at 608-822-2631 prior to the completion of this form.

The decision regarding your appeal will be emailed or mailed to you in approximately 2-4 weeks. Decisions are not available over the phone. Questions regarding this form or the appeal process can be directed to the Registrar. If your appeal is approved, the course grade W\* (for Withdrawal) will remain on your academic record for each course. \*For non-degree, the course grade of U (for Unsatisfactory) will remain on your academic record for each course.

**DEADLINE:** Your appeal must be received no later than the last day of the term of the academic year for which you are submitting the appeal.

<b>SECTION A: Student Information</b> (Print clearly)					
Last Name:		First Name:		M.I.:	Phone #
Current Mailing Address:			City:	State:	Zip Code:
Request to withdrawn from classes: <input type="checkbox"/> All classes <input type="checkbox"/> Individual Classes – provide a class schedule indicating classes seeking to withdraw from			Personal E-mail Address		Student ID #
<b>SECTION B: Reason for Appeal.</b> (1) Please check the box for the reason you are appealing and (2) attach a personal statement regarding your reason for appeal, as well as (3) the required documentation listed in the box below. Any documentation you provide is protected by Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).					
<input type="checkbox"/> Medical:		Your physician must complete the medical supplement on the next page and you must sign the authorization for release of medical information on that page.			
<input type="checkbox"/> Death in immediate family /Death of Student		Copy of death certificate required.			
<input type="checkbox"/> Military activation		Copy of military activation orders.			
<input type="checkbox"/> Academic advisement		Letter on college stationery from college office or advisor/success coach indicating that incorrect information was given by a student success coach.			
<input type="checkbox"/> Extreme Circumstances		Events that are beyond an individual's control at a magnitude that prevents course completion. Documentation is required.			
<b>SECTION C: Student Certification</b>					
<input type="checkbox"/> I am not receiving, or did not receive, financial aid for the term/year listed in Section A. (Financial aid includes loans, grants, and scholarships.) <input type="checkbox"/> I am receiving, or did receive, financial aid for the term/year listed in Section A. (NOTE: If your circumstances require you to withdraw/drop from some or all courses, you are encouraged to contact a Financial Aid staff and your advisor/success coach so your decision will be based on a clear understanding of the consequences of withdrawing from courses.) <b>I understand that in most cases retroactively canceling courses will result in being billed for financial aid that has been disbursed based on my original enrollment.</b>					
<i>By signing this form, I am certifying that the information I provided is true. I understand that misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code. I have read and understand the statement above, and do so attest as documented by my signature on this date.</i>					
Student signature					Date
Power of Attorney (For Military Activation or Death of a Student) *Supply supporting evidence of designation					Date

*For office use only*

Approved? [ ] yes [ ] no		Results of decision	
Effective date of refund	Term/Year	By	Date

## RETROACTIVE COURSE CANCELLATION & TUITION REFUND APPEAL MEDICAL SUPPLEMENT

**INSTRUCTIONS FOR PHYSICIAN:** This form is to be used to help the student with documentation for an exception to Southwest Tech's tuition policy. When completing this form, you will be asked to rate conditions on a scale of mild, moderate, or severe. Please use these ratings to indicate the usual state of severity of the conditions during the illness period. Mild is intended to indicate impairment in functioning greater than would be expected for a college student, leading to some impairment in studying and /or missing of classes. Moderate indicates further impairment in functioning that is not excessive or extreme. Severe indicates extreme difficulty in functioning and complete inability to attend class or study. If additional space is needed, attach a separate letter on letterhead providing further information.

Patient Name (Last, First MI):	
<b>To be completed by physician/medical professional</b>	
1. Patient was seen for medical condition on (list all dates):	
2. State the diagnosis:	
3. Length of treatment:	
4. Was the student physically/emotionally incapable of attending class(es) during the term of the illness? [ ] Yes [ ] No	
5. Rate the severity of how the illness impacted the student's daily functioning during the term of the illness: [ ] Mild (less than 2 weeks) [ ] Moderate (2-6 weeks) [ ] Severe (more than 6 weeks)	
6. List specific symptoms and how they prevented the student from attending class(es):	
7. Extent of the illness or injury as it relates to the student's ability to participate in class: <input type="checkbox"/> Hospitalization (including day hospitalization) required (from _____ to _____) <input type="checkbox"/> Confined to bed (from _____ to _____)	
8. If this condition is a continuation of a prior condition, did the student suffer a relapse, have complications, or require a change in medication that affected her/his ability to attend classes: If yes, explain and give the date this was diagnosed:	
9. Rate how the student's illness affected the following daily functions: Ability to concentrate: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Ability to sleep: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Ability to attend class or study: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Energy level: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Other _____: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable	
10. Did you recommend ongoing treatment/therapy? [ ] Yes [ ] No	If yes, how often is/was the required treatment: [ ] Daily [ ] Weekly [ ] Monthly [ ] Other _____
11. On what date do you believe the student can/could have resumed normal daily activities, including attending class(es)?:	
12. Other comments pertinent to the student's circumstances:	

By signing this form, you are certifying that the information you provided is true to the best of your knowledge.

Physician's Name/title (printed)	Date:
Physician's Signature	Phone number
Name and Address of Agency or Medical Provider (e.g., Southwest Health, Platteville, WI)	

Signature of student authorizing release of medical information.

Student signature	Date:
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**\*\*Medical reasons are not a guarantee of a tuition refund for leaving school. There is a cost associated with instruction and services so tuition refunds are not a guarantee.**