

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip)

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Pierce College student email \_\_\_\_\_

**Purpose:** This process allows students an opportunity to request an exception to the refund policy. In accordance with Washington State legislation (RCW 28B.15.605) and Pierce College policy, refund exceptions may be granted to students who withdraw for a **medical emergency or active military duty assignment**.

- Refund of tuition and fees is made only when a student officially withdraws from a class or from the college.
- Not attending classes does not entitle a person to a refund.
- Petitions must be submitted within the quarter for which refund is requested.
- Incomplete petitions and petitions without documentation will be denied.

Summer \_\_\_\_\_  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_ (Indicate quarter/year)

Please initial the following:

\_\_\_\_\_ I have attached my personal statement explaining in detail the extenuating circumstances that were beyond my control that may warrant a refund. Explain the sequence of events that led up to the situation.

\_\_\_\_\_ I have attached required third-party documentation in support of my request:

- Medical documentation:** A written and signed letter or statement of verification on official letterhead from your health care provider that includes dates (e.g. date of injury, duration of illness, etc.), health condition being treated, and why you are no longer able to attend school. No miscellaneous medical records (i.e., hospital discharge papers) will be accepted in lieu of the signed letter or statement.
- Active Duty Military Assignment:** Copy of military orders.

\_\_\_\_\_ I understand that if I did not make any out-of pocket payments toward my tuition and fees, any approved refund will be returned to the funding source.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

You will be notified of the refund decision. Please allow a minimum of 30 days for review.

Submit your completed petition to:	Registration Pierce College Fort Steilacoom 9401 Farwest Drive SW Lakewood, WA 98498-1999 (253) 964-6722 FAX (253) 964-6427	Registration Pierce College Puyallup 1601 39th Ave SE Puyallup, WA 98374-2222 (253) 840-8401 FAX (253) 840-8449
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**Registration Office Use Only:**

**Approved:** 100% \_\_\_\_\_ 50% \_\_\_\_\_ **Denied** \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

**SM4015:** \_\_\_\_\_ **Comments:**