



Fayetteville Technical Community College

STUDENT TUITION/FEE APPEAL

Students are responsible for charges and payments to their student tuition/fee account. If you do not enter a class for which you are registered, you will be marked as a No Show. Students will not be refunded for classes for which they have been marked as a No Show.

Appeals for the current and/or immediate prior term only will be considered and reviewed. All other appeals will not be considered. Decisions of the Appeal Committee are final. Book charges may not be appealed.

Certain mitigating circumstances may qualify for a refund of tuition and fees paid to FTCC. Mitigating circumstances may consist of the following:

- Death of an immediate family member. A copy of the death certificate is required.
- Medical emergency which results in the inability to attend class. Medical documentation is required. Please attach medical documentation including the dates of illness or admission to the hospital and/or a signed letter from the doctor.
- Unanticipated military service, including TDY, training, activation for deployment and unanticipated reassignment. Proof of orders is required.

For any other mitigating circumstances, students should complete and submit this form with all supporting documentation.

Requests for a tuition refund will be reviewed by the Student Tuition/Fee Appeal committee. Appeals are reviewed on the third week of every month. A letter will be mailed within a week after the Appeals Committee meeting.

Financial Aid Students:

A dropped class will result in a change in enrolled credit hours, which could generate a refund or a requirement to repay financial aid. Please contact the Financial Aid Office at (910) 678-8242 or finald@faytechcc.edu with any questions regarding your financial aid prior to submitting this form.

Please review this document and complete the section below. Return document(s) by one of the following methods.

- In-Person: Registration Records Office, GCB Information Desk, Main Campus
- By Mail: Registration & Records Office, FTCC, PO Box 35236, Fayetteville, NC 28303-0236
- By Fax: Attention: Student Account Appeals/Assistant Registrar at 910-678-0085

Which semester are you seeking a refund for? SPRING 2016

Please indicate course(s) Title, Course Number and Section Number: COMMERCIAL LENDING BAF131-0901, PRINCIPLES OF LAW AND BANKING BAF141-0901, CONSUMER LENDING BAF232-0901

Please provide a detailed explanation requesting a refund. Please use additional sheets if necessary.

SEE ATTACHMENT

What is your desired outcome? TO OBTAIN A WAIVER FOR THE 25% CHARGE FOR DROPPING CLASSE

Student Name: [REDACTED] ID#: [REDACTED]

Current Address: [REDACTED]

City: FAYETTEVILLE State: NC Zip Code 28306 Phone #: [REDACTED]

All documentation necessary for the appeal must be submitted with this form. Appeals that are denied due to lack of documentation will not be reviewed again. All appeal decisions are final and binding on the student. Your signature below is an acknowledgement that you understand the policies and procedures of the Tuition Refund Appeal process and agree to be bound by them.

Student Signature [REDACTED] Date 15 JAN 16

Wm

To whom it may concern

Shortly after enrolling in classes for the spring 2016 semester, [REDACTED] [REDACTED]. Upon consultation with her doctor and after her first surgery, he determined that [REDACTED] will be in treatment for [REDACTED] during the time of the above semester. I am the only source of income for the family and will be taking on the responsibility of being primary care giver [REDACTED] as well. Will that said I felt it more prudent to disenroll from my classes for this semester as I would fall behind in my studies and possibly fail them.

[REDACTED]

[REDACTED]

Village Surgical Associates, P.A.
1841 Quiet Cove Fayetteville, NC 28304
Phone: 910-323-2626 Fax: 910-323-3862

January 14, 2016

Page 1

Internal Other

Home: [REDACTED]

83627

Ins: [REDACTED]

01/13/2016 - Internal Other: Return to Work / School Note

Provider: [REDACTED] MD

Location of Care: Village Surgical Associates, PA

Status: ON HOLD DOCUMENT. Contents are preliminary

Work/School Note:

Patient's Name: [REDACTED]

Was seen in my office today: 01/11/2016

Additional restrictions or comments: the above patient was seen in our office for recent dx: [REDACTED] will be having surgery on 1/14/16 and will be needing additional treatments and her [REDACTED] will be need in assisting her to and from her treatments.



Appeal Committee Evaluation and Results

Committee Review Date:

REFUND GRANTED: AKelly Date: 2-7-16 Request full refund / 9 credits
AVP Student Services

(Which semester(s)? Spring X Fall _____ Summer _____

Which course(s)? BAF-131-0901, BAF-141-8901, BAF-232-0901

REFUND DENIED: _____ Date: _____ Reason(s) Listed Below:
AVP Student Services

- instructor withdrew student from class(es). Instructor administrative withdrawals do not generate a tuition refund for the student.
- failed to drop course(s) during Add/Drop Period.
- already received the correct tuition refund.
- student possessed pending aid that would pay for the class(es)

- course(s) was dropped after the refund period..
- the documentation provided does not support the appeals claim.
- the medical documentation provided does not support the appeals claim.
- received financial aid and will have to repay the funds based on federal requirements.