CLINTON
COMMUNITY COLLEGE
STATE UNIVERSITY OF NEW YORK

TUITION APPEAL

NAME OF STUDENT INITIATING THE APPEAL: _____
ADDRESS: _____
PHONE NUMBER: _____
STUDENT ID #: _____ DATE: _____
I _____, wish to appeal my tuition for the following course(s): _____or all courses for the _____semester.

The student must officially withdraw from course(s) being appealed prior to submitting the Tuition Appeal Procedure Form. If appeal is based on a medical problem, please have your attending doctor submit documentation to substantiate your claim along with the Tuition Appeal Procedure Form. If appeal is based on work schedule, please submit documentation from employer to substantiate your claim along with the Tuition Appeal Procedure Form (an additional form will be provided regarding required documentation for medical and work schedule appeals).

Please state in space below the reason for your tuition appeal:

(If more space is required, please attach additional sheets)

Student Signature_____

Please return form to: Clinton Community College
Attn: Bursar's Office
46 Beekman Street, Rm 103
Plattsburgh, NY 12901