



---

**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  
136 Clinton Point Drive  
Plattsburgh, NY 12901**



*For office use only: to be completed by Tuition Appeals Committee.*

**COMMITTEE ACTION:**

At the meeting of the Tuition Appeals Committee, the following action for student,  
\_\_\_\_\_, was taken for the \_\_\_\_\_ semester.

\_\_\_\_\_ Decision of Committee:

Appeal Granted – Refund \_\_\_\_\_ % tuition for \_\_\_\_\_ credit hours

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Decision of Committee:

Appeal Granted – Refund \_\_\_\_\_ % CEW

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Decision of Committee:

Appeal Denied – Circumstances do not warrant exception to the College Refund Policy.

\_\_\_\_\_ Decision of Committee:

Appeal Deferred – More information required before the Appeals Committee can make a decision.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Committee Signature

\_\_\_\_\_  
Date