

## STUDENT ACCOUNTS FINANCIAL APPEAL FORM

As a student, you are responsible for charges and payments to your account. In extenuating circumstances, a student may be eligible for a refund of tuition and fees paid or a reduction in outstanding charges owed to Umpqua Community College .

Extenuating circumstances may include the following:

- Death of an immediate family member (mother, father, sibling, child, spouse or grandparent). A copy of the death certificate or newspaper obituary is required.
- Medical emergency which results in the inability to attend class. A signed letter from the physician including dates of illness or admission to hospital is required.
- An unavoidable change in the student's conditions of employment. Documentation required.
- Active military service, including active duty for training. Deployment papers required.
- For any other extenuating circumstances, attach documentation which supports your appeals request.

The Student Account Appeals Process must be initiated within 90 days of the charge being posted to your account or within 90 days of the official term start date; whichever is later. In certain circumstances such as military leave and medical emergencies, this deadline may be extended. To file an appeal, this form **must be completed** by the student **with all** supporting documentation attached and submitted:

- In person: Student Accounts Office
- Mail: Umpqua Community College Attention: Student Accounts Office PO Box 967

Roseburg, OR 97470-0226

- Email: student.accounts@umpqua.edu
- Fax: 541-440-7707 Attention: Student Accounts

**Incomplete appeals will be returned.** Your appeal will be reviewed by the Student Accounts Financial Appeals Committee during their monthly review. You will receive written notification within two weeks following the appeals meeting. If you are unsatisfied with the committee's decision, a further appeal may be filed with the office of the President.

| STUDENT INFORMATION  |                  |         |  |
|--|------------------|---------|--|
| Name(Please print)   | Student ID:      |         |  |
| Current Address  |                  |         |  |
| City:  | State:           | Zip:    |  |
| Phone:   | □Home □ Mobile □ | Message |  |
| Which term and year are you appealing charges?   |                  |         |  |
| Did you receive any of the following for the year or term in question? Please check all that apply                                     |                  |         |  |
| $\square$ Grants $\square$ Veteran's benefits $\square$ Scholarships $\square$ Loans $\square$ Tuition Waiver $\square$ Emergency Loan |                  |         |  |
| Did you charge purchases from the bookstore to your account? $\ \square$ Yes $\ \square$ No  |                  |         |  |

| Please indicate the class number and title for the class(es) in question. |   |  |
|---|---|--|
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| terms, and classe   | detail explanation of your appeal. Include detailed information such as dates, es that you referenced above. Please use the back of the form if you need more supporting documents to this form. Incomplete forms will not be accepted.   |  |
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| TATIL 1.(-) .   |   |  |
| what result(s) al   | re you requesting?  |  |
|   |   |  |
| appeal. I hereby coaccurate. I hereby                                     | ing a false statement on this appeal will be sufficient cause for dismissal of the ertify to the best of my knowledge, all information on this application is true and authorize Umpqua Community College to release my academic and financial aid ance Appeal Committee members. |  |
| Signature:  | Date  |  |
| W ( ) ( )   |   |  |
| Name (print):   | Relationship to student:  |  |

| Appeals Committee Evaluation and Recon  | nmendation   |                  |  |
|---|--|------------------|--|
| Date Reviewed:  |  |                  |  |
| Year:   | Term: $\square$ Fall $\square$ Winter $\square$ Spring | □ Summer         |  |
| Action recommended:   |  |                  |  |
|   |  |                  |  |
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|   |  |                  |  |
| Cl  | 20/  | □ N l'           |  |
| Charges adjusted: 100% 75% 50   | J% ⊔ 25% or ⊔ other:                                   | ☐ No adjustment  |  |
| Denial reason (check all that apply):   |  |                  |  |
| $\square$ Student failed to officially drop class(es) by the deadline.  |  |                  |  |
| ☐ Documentation provided does not support appeals claim.  |  |                  |  |
| $\square$ Records reviewed does not support appeals claim. $\square$ Medical documentation provided does not support appeals claim. |  |                  |  |
|   |  |                  |  |
| □ Other:  |  |                  |  |
| Committee Chair Signature:  | Date:  |                  |  |
|   |  |                  |  |
| CFO Review and Approval   |  |                  |  |
| Date of Review  |  |                  |  |
| After review, I □ Agree with Committee's by:  | Recommendations or $\square$ Amend the                 | e recommendation |  |
|   |  |                  |  |
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|   |  |                  |  |
| CFO Signature:  | Date:  |                  |  |