

ARIZONA WESTERN COLLEGE
P.O. BOX 929
YUMA, AZ 85366-0929
PHONE : (928) 344-7527 FAX: (928) 317-6026

PETITION FOR EXTENUATING CIRCUMSTANCE REFUND

Name: _____ Student ID# or SSN#: _____ Date: _____

Fall – Winter – Spring – Summer _____
(circle) (year)

Students who **totally** withdraw from AWC must submit a "Withdrawal Form" to Enrollment Services, and subsequently may be eligible for a prorated refund of all tuition and special fees. An administrative charge, not exceeding the lesser of \$100 or 5% of charges assessed the student, will be deducted from all refunds.

Refund eligibility criteria include:

- 1) Serious illness or injury verified by a doctor's written statement (includes psychological disabilities verified by a psychologist)
- 2) Death of a spouse, parent, in-law, grandparent, or child verified by a death certificate
- 3) Military duty assignment verified by a copy of the orders
- 4) Students receiving federal financial aid. (Refund returned to the appropriate financial aid program)

Requests not meeting these requirements will not be considered for a refund of extenuating circumstance. Examples of ineligible requests include: Academic Issues, Course Too Difficult, Financial Issues, Transportation Issues, Child Care Issues, Course Too Easy, Time Conflict with Employment, Course Scheduling Conflict, Faculty Member Conflict, Time Conflict with Family Obligations.

For Instructional issues please complete a Petition for Instructional Issues form available through the Dean of Instruction. Examples of Instructional Issues include: General Academic Issues, Faculty Member Conflict, and Course Scheduling Conflict.

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PROCEDURES:

Supporting documentation **is required before** a petition can be considered. **Students must completely withdraw from all classes to be considered for a refund. Otherwise, classes will appear on the student's grade report or transcript.**

State the Specific reason for your refund request: (must meet eligibility requirements as stated above)

- 3) Submit this form and all supporting documentation to the Business Office.
- 4) You will be notified of the decision in writing from the Business Office.

I certify the information on this form to be true, accurate, and complete. I understand the refund, if any, will be applied to any outstanding balance due to AWC.

<p>Address correction requested: <u>yes - no</u> (circle one)</p> <p>Print Name and Address: _____ _____ _____</p> <p>Phone: _____ Email: _____</p>	<p><u>I am receiving:</u></p> <p>Financial Aid: <u>yes - no</u> (circle one)</p> <p>3rd Party Billing: <u>yes - no</u> (circle one)</p>
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See AWC Catalog for refund policy

Student's Signature: _____ Date: _____

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DO NOT WRITE BELOW THIS LINE

Refund is: Approved Disapproved Other Reason: _____
Director of Financial Services and Controller Approval: _____ Date: _____
Process student record as Drop Withdrawal Business Office Processed by: _____ Date: _____

White Copy: Admissions Yellow Copy: Business Office Pink Copy: Student