ARIZONA WESTERN COLLEGE

P.O. BOX 929

YUMA, AZ 85366-0929 PHONE: (928) 317-6100 FAX: (928) 344-7543

PETITION FOR EXTENUATING CIRCUMSTANCE REFUND

Name:		Student ID#:	Date:
	Fall – Winter	– Spring – Summer	
ear)			(circle one)
a refund charges a	of all registration, matriculation	tuition and special fees. An administracted from all refunds. Financial aid st	to Enrollment Services, and subsequently may be eligible for rative charge not exceeding the lesser of \$100 or 5% of udents may have their award reduced or returned to the
Refund e 1) 2) 3)	eligibility criteria include: Serious illness or injury verifie Death of a spouse, parent, in-la Military duty assignment verifi	w, grandparent, or child verified by a	udes psychological disabilities verified by a psychologist) death certificate
		ill not be considered. Examples of in ortation Issues, Child Care Issues, Ti	neligible requests include: Academic Issues, Course Too
			m available through the Vice President for Learning aculty Member Conflict, and Course Scheduling
			Supervisor's Office, 3C Bldg, Room 2265.
I certify the in	nformation on this form to be tru	ermination. Please ensure the mailing e, accurate, and complete. I understand	address on file is current. d any resulting refund will be applied to any outstanding
balance due to	orrection requested: <u>yes - no</u>		am receiving:
	(circle one)		Financial Aid: <u>yes - no</u> (circle one)
			3 rd Party Billing: <u>yes - no</u> (circle one)
See AWC	Catalog for refund policy		
Student's			Date:
		DO NOT WRITE BELOW	THIS LINE
Request	is: Approved V	V/D Date:	Refund Amount
Request	is: Disapproved I	leason:	
Director	of Financial Services and Contr	oller:	Date: