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:		S	SN#:	Date:
	Fall –	Winter – Spring – Sum	mer	
	<u> </u>	(circle one)	<u> </u>	(year)
a prorated refun 5% of charges a	d of all registration, r	natriculation, tuition and sp vill be deducted from all re	ecial fees. An a	o Enrollment Services, and subsequently may be eligible for administrative charge, not exceeding the lesser of \$100 or l aid students may have their award reduced or returned to
 Seriou Death 	of a spouse, parent, i	rified by a doctor's written n-law, grandparent, or chil erified by a copy of the ord	d verified by a	udes psychological disabilities verified by a psychologist) death certificate
				neligible requests include: Academic Issues, Course Too me or Course Scheduling Conflict.
				n available through the Vice President for Learning aculty Member Conflict, and Course Scheduling
considered for a Specific reason Submit this form	prorated refund. Oth	erwise all classes will appe st (must meet eligibility re ocumentation to the Accou	ear on the studer quirements as s	
	ion on this form to be		ete. I understand	d any resulting refund will be applied to any outstanding
Address correction requested: yes - no (circle one) Print Name and Address:			<u>I an</u>	m receiving: Financial Aid: <u>yes - no</u> (circle one)
				3 rd Party Billing: <u>yes - no</u> (circle one)
See AWC Catalog	g for refund policy			
Student's Signa	ture:			Date:
			• • • • • • • • • • • • • • • • • • • •	
		DO NOT WR	TE BELOW T	THIS LINE
Request is:	Approved	W/D Date:		Prorated Refund Amount
•	• •			
Director of Financial Services and Controller:				Date: