

**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: \_\_\_\_\_ SSN#: \_\_\_\_\_ Date: \_\_\_\_\_

Fall – Winter – Spring – Summer \_\_\_\_\_  
(circle one) (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 registration, matriculation, 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. Financial aid students may have their award reduced or returned to the federal financial aid program (e.g., PELL, SEOG, etc.)

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

**Requests not meeting these requirements will not be considered. Examples of ineligible requests include: Academic Issues, Course Too Easy or Difficult, Financial Issues, Transportation Issues, Child Care Issues, Time or Course Scheduling Conflict.**

**For Instructional Issues please complete a Petition for Instructional Issues Form available through the Vice President for Learning Services. Examples of Instructional Issues include: General Academic Issues, Faculty Member Conflict, and Course Scheduling Conflict.**

**PROCEDURES:**

- 1) Supporting documentation **is required before** a petition can be considered. Students **must completely withdraw from all classes** to be considered for a prorated refund. Otherwise all classes will appear on the student’s grade report or transcript.
- 2) Specific reason for your refund request (must meet eligibility requirements as state above):  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Submit this form and all supporting documentation to the Accounts Receivable Supervisor’s Office.
- 4) You will be notified in writing of the determination.

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

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

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Request is: \_\_\_\_\_ Approved      W/D Date: \_\_\_\_\_      Prorated Refund Amount \_\_\_\_\_

Request is: \_\_\_\_\_ Disapproved      Reason: \_\_\_\_\_

Director of Financial Services and Controller: \_\_\_\_\_ Date: \_\_\_\_\_