



# Tuition Appeal Form

<b>Term:</b>	<b>Year:</b>
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<b>Student ID</b>	<b>Last Name</b>	<b>First Name</b>	<b>Phone</b>

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Student Email Address:**

In some **extenuating** circumstances, a student may be eligible for a tuition credit or balance adjustment. State your situation below and attach **supporting documentation** related to your personal situation that prevented you from attending class. Some examples of supporting documentation include medical records, an obituary, or a letter from your employer indicating a significant change in your work schedule.

**If this appeal is related to the COVID-19 pandemic, please give specific examples of how the COVID-19 directives have impacted your ability to continue in your classes.**

Class Number	Subject/Catalog # (ENGL 110)	Instructor	Credit Hours	Date Student Withdrew

**Supporting documentation is required - without it - the appeal will not be reviewed.**

Narrative:

I certify the above information is true and correct. I understand the decision is final and I will be notified via email when a determination is made.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Student Accounting Office Use Only:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Letter of Credit (LOC): \$ \_\_\_\_\_

**Return Form and Documentation to:**

[StudentAccounting@icc.edu](mailto:StudentAccounting@icc.edu)