



TUITION APPEAL

NAME OF STUDENT INITIATING THE APPEAL:

ADDRESS:

PHONE NUMBER:

STUDENT ID #:

DATE:

I _____, wish to appeal my tuition for the
following course(s): _____ or all courses for the
_____ semester.

The student must officially withdraw from course(s) being appealed prior to submitting the Tuition Appeal Procedure Form. If appeal is based on a medical problem please have your attending doctor submit documentation to substantiate your claim along with the Tuition appeal Procedure Form. If appeal is based on work schedule please submit documentation from employer to substantiate your claim along with the Tuition appeal Procedure Form. (An additional form will be provided regarding required documentation for medical and work schedule appeals).

Please state in space below the reason for your tuition appeal:

If more space is required please attach additional sheets



**Please return form to: Clinton Community College
Attn: Bursar's Office
136 Clinton Point Drive
Plattsburgh, NY 12901**



State University of New York

CLINTON

Community College

For office use only: to be completed by Tuition Appeals Committee.

COMMITTEE ACTION:

At the meeting of the Tuition Appeals Committee, the following action for student,
_____ was taken for the _____ semester

_____ Decision of Committee:
Appeal Granted – Refund _____ % tuition for _____ credit hours
Comments:

~~Decision of Committee: _____~~

_____ Decision of Committee:
~~Appeal Denied - Circumstances do not warrant exception to the College Refund~~

Committee Signature

Date