



# Registrar's Office Refund Appeal

**Important:** Complete this form only if you are seeking an exception to the MCC Refund Policy. The Refund Appeal Form is intended to extend the refund period for a limited 10-day period for students experiencing extraordinary circumstances. No refunds and appeals will be considered after the 10-day extension period. The full withdrawal and refund policy can be found at [www.manchestercc.edu/refund](http://www.manchestercc.edu/refund).

**Appeals will only be considered for the following extraordinary circumstances: severe illness or medical emergency (a doctor's note is required), military transfer (a copy of the transfer orders is required) or administrative error (provide documentation to support your request).** The following circumstances will NOT be considered: change of employment situation, misunderstanding of start date or dates of class, misunderstanding of registration process, inability to transfer course, normal illness, transportation issues, childcare issues, poor decision or change of mind by student regarding course selection, or dissatisfaction with course content or instructor.

**Instructions for completing this form and submitting an appeal:** Read the Refund Policy and determine if you meet the guidelines. If you meet the guidelines, you must withdraw from course(s) prior to submitting an appeal. Appeals for fall, spring and extension courses (summer, winter and accelerated sessions and Continuing Education non-credit courses) must be submitted within 10 calendar days from the start of the class. Provide all information requested below and attach supporting documentation. Forms without documentation will not be considered. Sign, date and submit in person to the Registrar's Office, SSC L157, or mail to Refund Appeals Committee, Registrar's Office MS #13, Manchester Community College, P.O. Box 1046, Manchester, CT 06045-1046. The Refund Appeals Committee meets twice per month. You will receive a written response notifying you of the outcome.

## STUDENT INFORMATION

First Name	MI	Last Name	Banner ID Number	
Mailing Address				
City			State	Zip
Semester and year (please check only one): <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ <input type="checkbox"/> Other _____				
Phone Number		Email Address		

## LIST COURSES AND REASON FOR REFUND EXEMPTION

CRN/Course	CRN/Course
CRN/Course	CRN/Course
CRN/Course	CRN/Course
Reason (Please attach supporting documents; requests will not be considered without appropriate documentation.)	

## SIGNATURES

Are you a receiving financial aid? (please check only one): <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, you MUST obtain the signature of a Financial Aid staff member before submitting this form or appeal will not be considered. Please consult financial aid staff as federal regulations may affect your account.</b>
Financial Aid Staff Signature	Date
Student Signature	Date

# FOR OFFICE USE ONLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Adjustment: \_\_\_\_\_ Denied: \_\_\_\_\_ Response: \_\_\_\_\_