

A petition for exception to the CCC Refund Policy will be considered in the event that there are extenuating circumstances that have affected a student's ability to officially withdraw from a class prior to the refund period.

Guidelines for eligibility:

- Petitions for exception to the refund policy will only be considered for **documented extenuating circumstances**. Please select the circumstance that best describes your situation from the following list:
 - Personal illness or injury that prevented the ability to officially withdraw from a class before the refund period ended.
 - Institutional error that resulted in charges or discrepancies to student account.

Please note that changes in work schedule, transportation problems, or child care issues are the student's responsibility and do not constitute eligibility for an exception to the refund policy.
- Only complete petitions with supporting documentation will be considered. Incomplete petitions will be returned.
- Petitions submitted more than 90 days past the term for which the exception is requested will not be considered.
- Students receiving federal financial aid (grants, scholarships and/or tuition waivers) may not be eligible for a refund of their tuition and/or fees.

Complete the following:

Full Name _____ Student ID# _____
 Mailing Address _____
 City _____ State _____ Zip _____ Phone _____
 E-mail Address _____

Indicate the term and list the courses you are requesting a credit or refund for:

Fall 20____	Winter 20____	Spring 20____	Summer 20____
Course Number	Title	Credits	Tuition/Fees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide a personal statement here outlining and explaining your extenuating circumstances and reasons for requesting an exception.

Attach documentation supporting your personal statement. (For example: Physician's statement indicating dates of illness, injury or disability and/or copies of statements reflecting an institutional error.)

Will you accept a credit to your student account in lieu of a refund? Yes No

I have read the above stated eligibility criteria and certify here that the information I have provided is true and accurate to the best of my knowledge.

Student Signature _____ Date _____

FOR OFFICE USE ONLY	
Petition Approved _____/____/____	Petition Denied _____/____/____
Comments: _____ _____ _____	
Letter sent to Student: _____	Committee Chair: _____

Return completed form to:

Mailing Address: **Clackamas Community College, Office of Admissions, Registration and Records, 19600 Molalla Avenue, Oregon City, OR 97045**

Location: **Enrollment Services Center, Roger Rook Hall**

Phone: **503-594-6100** Email: **registrar@clackamas.edu**