



## Collegewide Tuition Credit Request Form

Name: \_\_\_\_\_

EFSC ID Number: \_\_\_\_\_ Term: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requesting credit for: All courses ☐ Only Courses Listed ☐

PREFIX	NUMBER	SECTION	TITLE

**Check the box below for the appropriate reason. Supporting documentation is required and must be attached.**

- ☐ 100% refund to student called to or enlisted in active military duty. Copy of military orders must be provided.
- ☐ 100% refund due to the death of the student.
- ☐ Up to 100% tuition credit due to the documented death in immediate family of student. Copy of death certificate or letter from attorney must be provided.
- ☐ Up to 100% tuition credit due to the documented serious illness or serious accident of the student. Note from physician/surgeon's office must be provided.
- ☐ Up to 100% tuition credit due to other emergency circumstances or extraordinary situations in accordance with operational procedures. **\*Requires Dean Approval.**

***I understand that exceptions may be referred to the Student Financial Appeals Committee (SFAC). The decision of the SFAC is final.***

Students Specific Information for Appeal: \_\_\_\_\_

\_\_\_\_\_

Signature of the student or person making request: \_\_\_\_\_ Date: \_\_\_\_\_

**Collegewide Chair / Dean Use** ☐ Recommended ☐ Not Recommended-Document reason below

☐ Documentation on file in Collegewide Chair Office

Not Recommended: \_\_\_\_\_

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Accounting Use

Action Approved: Tuition Credit \_\_\_\_\_ Current Account Balance \_\_\_\_\_ Future Tuition \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Accounting Personnel's Signature: \_\_\_\_\_ Date: \_\_\_\_\_