

REASON FOR PETITION: Please attach a typed response to the questions listed below and any appropriate documentation (e.g. medical, personal emergency).

1. State the extraordinary circumstances that caused you to miss the refund deadline.
2. Explain why the circumstances affect only the course(s) above (if not for all classes).
3. Include documentation supporting your circumstances.

ADVISER'S RECOMMENDATION

- Recommend Approval
 Recommend Denial

Comments:

Signature of Adviser

Date

Signature of the Student Services Director

Date

INSTRUCTOR COMMENTS

Course

Never Attended

Stopped Attending _____

Comments:

Signature of Instructor

Date

REVIEW PANEL DECISION

Approval of the petition signifies that the circumstances which this student has described meet the established guidelines for exceptions to the regular refund policy.

- Petition Approved
 Petition Denied

Signature of Review Committee Chair

Date

Signature of Dean's Representative

Date