



# REQUEST FOR EXCEPTION TO REFUND POLICY

**Purpose:** This process allows students an opportunity to request an exception to the refund policy. In accordance with Washington State legislation (RCW 28B.15.605) and Pierce College's policy, refund exceptions may be granted to students who withdraw for a medical emergency or for active military duty assignment. Not attending does not entitle a person to a refund. A refund of tuition and fees is made only when a student officially withdraws from a class or from the college. The determining factor is the date the withdrawal was processed and what refund percentage, if any, applied then. **No refunds will be awarded after the last day of the quarter.**

Petitions that are incomplete or lack required documentation cannot be acted on and will be denied.

**Process:** Please provide the following information. Please print clearly.

Summer \_\_\_\_\_  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_ (Indicate quarter/year)

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip)

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

1. All petitions require a personal statement explaining in specific detail the extenuating circumstances that were beyond your control that may warrant a refund. Explain the sequence of events that led up to the situation.
2. All petitions require third-party documentation. Documentation in support of your request must be clear, specific and provide a detailed explanation with dates.

**Medical** documentation: A written and signed letter or statement of verification on official letterhead from your health care provider must include dates (e.g. date of injury, duration of illness, etc.), health condition being treated, and why you are no longer able to attend school. No miscellaneous medical records (i.e., hospital discharge papers) will be accepted in lieu of this signed letter or statement of verification from your health care provider.

**Active Military Duty** Assignment: Must submit copy of military orders.

Submit your petition form, your statement, and supporting documentation to:

Registration	Registration
Pierce College Fort Steilacoom	Pierce College Puyallup
9401 Farwest Drive SW	1601 39th Ave SE
Lakewood, WA 98498-1999	Puyallup, WA 98374-2222
(253) 964-6722	(253) 840-8401
FAX (253) 964-6427	FAX (253) 840-8449

You will be notified by mail of the refund decision. A minimum of 30 days is needed to review petitions.

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## Registration Office Use Only

Approved: 100% \_\_\_\_\_ 50% \_\_\_\_\_ Denied: \_\_\_\_\_ Signature/Date \_\_\_\_\_

Comments:

SM4015 \_\_\_\_\_