



JOHNSON COUNTY COMMUNITY COLLEGE
Continuing Education
Tuition and Fees Refund Appeal Form

Name (Please Print) _____ JCCC ID Number _____

Street _____ City _____ State _____ Zip _____

Daytime Telephone Number _____ Email Address _____

Term: _____

Course Code	Course Title	Date	Fee

All appeals must be accompanied by an explanation of circumstances written by the student. Include any supporting documentation, such as a doctor's statement written on the physician's letterhead, employer's statement written on letterhead, or any other information that would be proof of extenuating circumstances listing specific dates of incidents.

CE Refund Policy: A full refund will be made if the college exercises its right to cancel class or if the class is full when a registration is received. All checks will be deposited and a refund issued by the college. Other refunds will be honored if a cancellation request is received in the JCCC Continuing Education Registration office **four business days before the class begins**. If payment is made by cash or check, JCCC will mail the refund to the student. Credit card refunds will be credited to your charge account. Please allow 7 to 10 business days. Exceptions to this policy may be authorized by the Director of Operations of Continuing Education.

Please use reverse side for student explanation of extenuating circumstances. Attach any additional supporting documentation.

Return Appeal Form and Supporting Documentation by FAX: 913-469-4414

EMAIL: ceregistration@jccc.edu

OR

MAIL TO:

**Continuing Education Registration
Johnson County Community College
12345 College Blvd., Box 62
Overland Park, KS 66210-1299**

Student's Explanation (may be included on an attached sheet):

I have read the instructions on the reverse side of this form and have attached all supporting documentation. I realize the appeal will not be considered if the student's explanation and/or supporting documentation is not attached.

Student's Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Program Recommendation:

Transfer to _____ In Term _____

Refund Percentage _____ Denied

Signature

Date

Administrative Approval:

100% 75% 50% 25% Denied

Transfer Allowed? Yes No

Director of Operations Signature

Date

Comments: