

**Johnson County Community College
Tuition and Fees Early Refund Appeal Form
Bursar's Office**

Name (please print)

JCCC ID Number

Street

City

State

ZIP

Day Telephone Number

Email Address

Term: ____ *Fall* ____ *Spring* ____ *Summer* Year _____

CRN#	Subject Code	Course Number	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.

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

**Return Appeal Form and Supporting Documentation to:
Bursar, Business Office GEB 115
Johnson County Community College, Box 3
12345 College Boulevard
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 are not attached.

Student's Signature _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

Administrative Approval:

100%_____ **Denied**_____

Transfer Only_____ **BR Hold Until**_____

Bursar Signature:_____ **Date:**_____

Cashier/Accounting Clerk Action:_____ **Date:**_____