



Tuition Appeal Form

Instructions: If you were unable to complete your course(s) due to circumstances beyond your control, you may request a tuition reversal. If approved, a 25% to 100% reversal will be applied to your account. This appeal does not cover non-refundable lab and other course service fees, nor does it change the grade assigned by your instructor. Notification of the outcome of your appeal will be sent to your school email address (through MyCGCC) within 30 days of the receipt of a completed form. Before completing this form, please review CGCC's registration policies and the Appeal Instructions listed on the second page of this form. Please pay particular attention to the Appeal Requirements section as **all** requirements must be met before your appeal will be considered.

APPEALS WHICH DO NOT MEET ALL REQUIREMENTS WILL BE RETURNED WITHOUT REVIEW, OR DENIED.

Student Full Name: _____ Student ID: _____

CGCC Student Email: _____ Date of Birth: _____ Phone: _____

You will be notified of the outcome of your appeal via your school email through MyCGCC.

SECTION 1 – Reason for Appeal

Indicate the nature of your appeal. Note the documentation requirement for each.

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| <input type="checkbox"/> Personal illness or injury <ul style="list-style-type: none">• Provide physician verification proving you were unable to attend. | <input type="checkbox"/> Required military or job transfer out of the area <ul style="list-style-type: none">• Provide military transfer orders or employer verification. |
| <input type="checkbox"/> Illness or injury of an immediate family member <ul style="list-style-type: none">• Provide physician verification stating you were primary care giver. | <input type="checkbox"/> Other hardship: _____

_____ |
| <input type="checkbox"/> Death of an immediate family member <ul style="list-style-type: none">• Provide proof of death, such as a copy of a death certificate. | <ul style="list-style-type: none">• Provide letter of explanation and verification as appropriate. |

SECTION 2 – Course Information

Indicate the campus and term of attendance, then list all courses you would like the Appeal Committee to consider. Courses with assigned grades other than "W," "NP" or "F" (for non-attendance) are not eligible for consideration.

Term: _____ Year: _____

Did you receive Financial Aid? ☐ Yes ☐ No

Course Number (e.g. WR121Z)	Credits	Date Last attended	Withdrawal Date	Grade *
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Unless the withdrawal deadline has passed, you must drop or withdraw from the course/s prior to submitting this appeal.

*** Requests for grade changes must be submitted directly to the instructor.**

SECTION 3 – Personal Statement

Use the space below to describe what prevented you from completing the course, and/or dropping by the published deadline. Explain the nature of the hardship, what dates it began and ended. Please attach additional pages if necessary.

Nature of Hardship:

Date Hardship Began: _____ Date Hardship Ended: _____

Columbia Gorge Community College | 400 East Scenic Drive | The Dalles, Oregon 97058

Columbia Gorge Community College is an equal opportunity educator and employer.

APPEAL INSTRUCTIONS

You may file an appeal if there was a verifiable situation that prevented you from completing the course(s) in which you were enrolled. If your appeal is approved, your tuition will be reversed for 25%-100% of the original tuition amount.

CGCC's Appeal Committee will accept your completed appeal for review once you have met the appeal requirements listed below. If you fail to meet the requirements, your appeal will be returned without review. You may resubmit the appeal once the requirements have been met, provided the resubmission is within the original 30-day period.

HARDSHIP: If one of the following hardships prevented you from continuing in your classes for the term, you may be eligible for a tuition reversal.

- Illness or injury of a nature that significantly impacted your ability to continue attending class (physician's statement required).
- Illness or injury of an immediate family member where you are primary care giver and are unable to continue attending class (physician's statement required).
- Death of an immediate family member (copy of death certificate or obituary required).
- Required military service or a career transfer (appropriate documentation required).

The deadline to submit all appeals due to hardship is 30 days from the end of the term.

APPEAL REQUIREMENTS

1. **PAYMENT:** You must pay all past due charges on your account, except the amount under dispute. If you are unable to pay the full amount, please call 541-506-6054 to make payment arrangements.
2. **DOCUMENTATION:** Include independent documentation which supports the reason for your request, along with any information you believe would be helpful to the committee in making their decision.
3. **SUBMISSION DEADLINE:** Your completed appeal must be received by the college by stated deadline. The deadline to appeal is 30 days from the end of term. Appeals are not accepted after an account has been referred for collections.

ATTENTION FINANCIAL AID STUDENTS!

Appeals are automatically denied if tuition and fees are covered by Financial Aid.

THIS BOX FOR COLLEGE USE ONLY

RETURNED—Reason: <input type="checkbox"/> Payment: \$ _____ <input type="checkbox"/> Documentation Required <input type="checkbox"/> Appeal Incomplete <input type="checkbox"/> Other: _____	APPROVED—Type: <input type="checkbox"/> Hardship <input type="checkbox"/> Other <input type="checkbox"/> Full <input type="checkbox"/> Partial _____ % By: _____ Amount: \$ _____ Detc: _____ Type: _____	RETURNED—Reason: <input type="checkbox"/> Grace period expired <input type="checkbox"/> No record of drop by deadline <input type="checkbox"/> Appeal requirements not met <input type="checkbox"/> Received Grades <input type="checkbox"/> Other: _____
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Additional Information

SUBMITTING YOUR APPEAL: You may submit your completed appeal and documentation in-person at Student Services; by mail using the address on page 1, or via email to registrar@cgcc.edu.

Please keep a copy of your appeal form and supporting documentation.

THE REVIEW PROCESS: Members of the college's appeal committee will consider the merits of your appeal based upon: a) The seriousness and the duration of your hardship; b) Whether it was beyond your ability to control; c) Whether you were able to drop by the deadline; and d) How promptly you file this form.

THE DECISION OF THE APPEAL COMMITTEE IS FINAL AND BINDING.

NOTIFICATION: All notifications are sent via MyCGCC email. The appeal committee will acknowledge receipt within one week and will advise you if the appeal has been accepted for review or returned due to failure to meet the appeal requirements.

You will receive an email notification of the outcome of your request within 30 days via your MyCGCC email account. If you do not hear from us or have other questions, please contact us at 541-506-6011 or by email at registrar@cgcc.edu

DISPUTE: If you believe the college has made an error on your account, please call 541-506-6054 to have your account reviewed. If the matter is not resolved to your satisfaction, you may submit this form with an explanation and evidence of the error to request a partial tuition reversal.

OTHER: Appeals for misinterpretation of written policies and procedures will be accepted only if there were extenuating circumstances. The decision to accept or reject an appeal is at the discretion of committee members.

THE DEADLINE TO SUBMIT ALL APPEALS IS 30 DAYS FROM THE END OF THE TERM.