



Refund Appeal

At Lakeshore Technical College, a student's academic success is important to us. When a student enrolls in classes, they make a commitment to participate and attend classes. If a student chooses not to start and/or continue their academic studies with us, the class(es) dropped would then be subject to the Wisconsin Technical College System Refund Policy and the student would receive any applicable refund.

If extenuating circumstances (situations outside of a student's control) prohibit the student from attending and require them to drop their class(es), the student may apply for a Refund Appeal to be considered for a possible partial or full refund no later than 42 calendar days after the end date of the class(es) considered for refund appeal. A refund appeal form submitted after 42 calendar days from the end date of the class(es) referenced in the appeal will result in denial.

At the time of the extenuating circumstance, we encourage students to work with their instructors to see if class work can be made up. If not, the student will need to drop their classes. The process of applying for a refund appeal does not drop a student from classes.

EXTENUATING CIRCUMSTANCES MAY CONSIST OF THE FOLLOWING (applicable if the student was actively attending school at the time of the event):

- **Death of an immediate family member that required an extended absence.** Notification to instructors at the time of absence and a photocopy of the official death certificate or a dated obituary are required.
- **Medical emergency for self, spouse or dependent that is currently being treated which resulted in the inability to attend classes for an extended period of time.** Please have the patient's medical provider complete the attached Medical Documentation form. Documentation must include the dates of illness, dates of appointments and/or the dates of admission to the hospital that prevented you from attending classes. Medical documentation must be signed by a doctor, nurse practitioner or physician's assistant (one who is authorized to diagnose and treat patients and is a licensed healthcare provider whose care the patient is under) with a release and contact information provided for further information. Notification to instructors at the time of absence is required. Please complete and submit the Extenuating Circumstance – Medical Documentation form.
- **Military activation or deployment that required an extended absence.** A copy of orders or call to duty is required.
- **Employer required changes to your existing work schedule that prevented the student from attending class(es) for an extended period of time, where failure to accommodate the work schedule change would have resulted in employment being terminated.** Required documentation includes a signed letter from the employer or immediate supervisor, with details regarding the schedule change (reason for change, effective date, notice given) and impact to class schedule, on the employer's letterhead with employer contact information provided for further information. The letter must also substantiate employment at the time the student stopped attending classes and withdrew.

POSSIBLE IMPACT RESULTING FROM A GRANTED EXTENUATING CIRCUMSTANCE:

If the student is receiving financial aid or veterans educational benefits, a refund may result in repayment of financial aid. Future financial aid eligibility may be impacted by withdrawals that do not qualify for an extenuating circumstance. Information regarding this may be provided in response to the submission of this form.

INSTRUCTIONS: All Refund Appeal applications must be submitted with extenuating circumstances documentation to Student Records. Any supporting documentation provided will become a part of the student's record. **The Extenuating Circumstance Medical Documentation form must be submitted to Student Records directly from the medical provider's office. Any form received from the student will not be accepted.**

Submit completed form and documentation in person to Student Records, Cleveland Campus; or submit by mail or fax to:

Student Records
Lakeshore Technical College
1290 North Avenue
Cleveland, WI 53015
Fax: (920) 693-1834

Please allow up to 30 days to research and process a Refund Appeal form. Applications are reviewed in the order they are received. The student will receive an email at the email address provided regarding approval or denial of the request.

Refunds will be made at Lakeshore Technical College's discretion and may be granted at 0%, 60%, 80% or 100%.

EXCLUSIONS – The following are **not** grounds for an extenuating circumstance:

- **Past Due Account Balance** – A refund appeal is not a substitute for keeping a student account paid and current. A student is responsible for charges and payments to their account. The College may deny a refund appeal for a student whose account balance is past due.
- **Failure to Drop Classes** – It is the student's responsibility to drop all classes they do not plan to attend or complete due to an extenuating circumstance. Failure to do so will result in a faculty member issuing the grade earned.
- **Non-attendance and/or Poor Academic Progress** – Extenuating circumstances are for those students who are academically engaged (attended and participated in classes until the extenuating circumstance event). It is not intended for students in non-attendance, for those who have stopped attending due to personal reasons, and/or for those with poor academic progress.
- **Situations that are Academic in Nature** – If the situation is related to coursework and/or instruction, please contact the Dean of that division.
- **Dispute of Charges** – If no extenuating circumstance exists, you are responsible for the charges on your account.

Questions? For assistance with this application, contact Student Records in person or by phone at (920) 693-1888 or (888) 468-6582, EXT: 1888. Students may also seek assistance from their program counselor for completing this form.



LAKESHORE
TECHNICAL COLLEGE

Refund Appeal Application

INSTRUCTIONS – Student submit the Refund Appeal Application form. For an extenuating circumstance due to medical reasons, provide the Medical Documentation form to your medical provider to complete.

STUDENT INFORMATION:

Student ID Number (required) _____ Email _____

Name _____ Phone _____

Mailing Address (Street, Apt., City, State, Zip) _____

Academic Year _____ Term Fall Spring Summer

Did you receive financial aid for the identified term? Yes No

Did you receive veteran’s benefits for the identified term? Yes No

What are you requesting? Refund Percentage Grade Change Student Account Charges

REQUESTS DUE TO MILITARY ACTIVATION ONLY:
 Please drop the student from the classes below, effective _____ (date).

CLASS INFORMATION

Class Number (5 digits)	Class Title	Last Date of Attendance	Did you notify the instructor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you discuss your situation with your instructors and/or academic advisor? Yes No If yes, please describe. If no, indicate why:

REASON FOR EXTENUATING CIRCUMSTANCE – Please attach supporting documentation and indicate why you feel you qualify for an extenuating circumstance (you may use additional paper and attach). If requesting a refund due to medical reasons, please complete and attach the Extenuating Circumstances – Medical Documentation.

Results sought and future academic plans:

Student Signature _____ Date _____



LAKESHORE
TECHNICAL COLLEGE

Extenuating Circumstance – Medical Documentation

To be completed and signed by a licensed healthcare professional who diagnosed and treated the patient. This form must be submitted directly from the office of the healthcare professional. Any form received from the student will result in a denial.

STUDENT INFORMATION:

Name _____ Student ID Number or DOB: _____

Is the student the patient or guardian of the patient? Patient Guardian

If guardian, please state relationship to patient: _____

INSTRUCTIONS FOR MEDICAL PROVIDER – Your patient (or patient’s guardian) is a student at Lakeshore Technical College who is applying for a refund appeal that may result in a full or partial refund of their tuition due to circumstances beyond their control.

A qualifying extenuating circumstance is only for the medical emergency for self or dependent that is currently being treated and the seriousness of the diagnosis results in the inability of your patient (or patient’s guardian) to attend classes for an extended period of time (as determined by the inability of the student to work with the instructor to make up work for class work missed.)

Please fax completed form to Student Records at (920) 693-1834. For assistance, contact Student Records at (920) 693-1888. This form must be received directly from your office. Any form received from student will not be accepted.

HEALTH CARE PROVIDER INFORMATION:

Date of initial appointment: _____ Date of initial diagnosis: _____

Dates of follow-up appointments: _____

Was the patient admitted into the hospital? Yes No If yes, give dates: _____

Was the patient (if the student) advised not to work? Yes No If yes, give dates: _____

Was the patient (if the student) advised not to attend school? Yes No If yes, give dates: _____

What was the diagnosis and what impact did it have on his/her ability to carry out his/her job responsibilities or school work?

Was the patient following all recommended course of treatment? Yes No If no, please describe:

By signing below, you are attesting that the patient was seeking and receiving the proper care, following the proper protocol and medical provider’s orders and was in no way able to attend and/or participate in classes during the duration noted above. You may be contacted for additional information.

Signature _____ Date _____

Name _____ Title _____

Organization _____ Phone number _____