



State University of New York

# CLINTON

Community College

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## TUITION APPEAL

**NAME OF STUDENT INITIATING THE APPEAL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_, wish to appeal my tuition for the following course(s): \_\_\_\_\_ or all courses for the \_\_\_\_\_ semester.

*The student must officially withdraw from course(s) being appealed prior to submitting the Tuition Appeal Procedure Form. Request for refunds must be made within thirty (30) days following the end of the term for which the tuition was paid. If appeal is based on a medical problem, please have your attending doctor submit documentation to substantiate your claim along with the Tuition appeal Procedure Form. If appeal is based on work schedule, please submit documentation from employer to substantiate your claim along with the Tuition appeal Procedure Form. (An additional form will be provided regarding required documentation for medical and work schedule appeals).*

**Please state in space below the reason for your tuition appeal:**

*(If more space is required, please attach additional sheets)*

**Student Signature** \_\_\_\_\_

**Please return form to: Clinton Community College**

**Attn: Bursar's Office**

**136 Clinton Point Drive**

**Plattsburgh, NY 12901**