



Dear Student:

Nashua Community College expects all students to be aware of their enrollment and tuition status and take appropriate and timely steps to address irregularities.

. Before submitting an appeal, please refer to the policy and familiarize yourself with this information. Please note that appealing for an exception in no way guarantees one will be granted.

1. Appeals for an exception to the refund policy MUST be initiated in writing by the student; no action will be taken on a request from anyone acting on behalf of the students (including parents).
2. Requests for exceptions to the refund policy must be submitted during the current semester. After that time, no requests will be considered, regardless of circumstances.

603-578-8991. You must set up an appointment with her to discuss your appeal prior to dropping your classes and filing your appeal.

4. In all cases the student must have withdrawn from the courses(s) prior to filing a request for consideration.
5. If the student is on financial aid he/she must visit the financial aid office prior to dropping their class to make sure that he/she will not be financially responsible for any dropped classes.
7. In case of illness or hospitalization; appropriate types of documentation include a legible signed note from the doctor on letterhead, indicating the date of illness began or injury occurred and the length of hospitalization, confinement or incapacitation.
8. Death of an immediate family member. Appropriate third-party supporting documentation; a copy of the death certificate or obituary notice as well as supporting documentation of travel if out of state.
9. School days cancelled due to weather (i.e., snow) or other circumstances are beyond the control of NCC and they do not constitute grounds for a tuition appeal. The College considers the safety of students and college personnel to be paramount and may cancel school during or after storms.

## TUITION APPEAL FORM

Appointment with Lucy Jenkins
Date: _____
Time: _____

Student ID: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Day ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Evening ) \_\_\_\_\_

SUBJECT - COURSE	COURSE TITLE	# OF CREDITS	

**Statement of Extenuating Circumstances (attach additional pages, if necessary):**  
*(Note: A petition arising from medical causes must be accompanied by a medical affidavit on separate physician/hospital letterhead. All petitions for nonmedical reasons must be accompanied by an appropriate supporting document.)*


Student Signature: _____	Date: _____
Lucy Jenkins Signature _____	Date: _____

***An appointment with Lucy Jenkins must be scheduled in order for your appeal to be considered.***