

## **Request for Tuition Credit - Appeal Checklist**

Complete and sign this form. Submit it with your personal statement and supporting documentation. Completed forms can be placed into the **Bursar's Office Drop Box** or mailed to the following address:

SUNY Orange County Community College c/o Tuition Credit Review Board Shepard Student Center 115 South Street, Middletown, NY 10940

1. <b>S</b> TUE	DENT INFORMATIO	N:						
Name:_				STUDENT ID : A				
	(LAST)	(FIRST)	(MI)				(A-NUME	
Mailing	ADDRESS:							
		(STREET)			(CITY)	(STATE) (Z	?IP)	
STUDEN	T EMAIL ADDRESS:_							
TELEPHONE NUMBER:			ALTERNATE NUMBER:					
THIS APPEAL IS FOR: SPRING,		Spring,	SUMMER, FALL YEAR (CIRCLE ONE)					
	ET THE EXCEPTION TO		SUBMIT A TYPED PERSONAN POLICY. INCLUDE DETAILS					
	SONS FOR EXCEPT	IONS AND S	SUPPORTING DOCUMEN	NTATION - CH	IECK ONE AND I	INCLUDE DOCUM	MENTATION SUPPO	ORTING YOUR
	Student's Medical Use the form provided for the physician to answer questions about your situate form must be on your physician's letterhead.					tuation. This		
	Involuntary cha employment	nges in	Use the form provided for your employer to answer questions about your situation. Supporting documentation should be typed on company letterhead.					
	Death in the Immediate Fam	ily	Submit a copy of the obituary from the newspaper (should have dates) or a copy of the death certificate. Additionally, in your personal statement, explain how the death and related circumstances affected your ability to attend and complete classes.					

<ul><li>Extenuating circumstances beyond your control</li></ul>	circumstances beyond deadline do not fit one of the above exceptions, the Tuition Credit Review Board will nee								
4. COURSE INFORMATION PRINT THE COURSE, NUMBER, SECTION WITHDRAWN FROM FOR WHICH YOU AF		ENDANCE AND DATE	OF WITHDRAWAL FOR EACH COURS	E OFFICIALLY DROPPED OR					
List <u>all courses</u> you are requesting a credit for: (use additional forms as needed)									
Course/Numb	er	Credits	Last date of Attendance	Date of Withdrawal					
Example: MAT	101	3	08/30/12	08/31/12					
Student Accountability Statement	:: To the best of my know	rledge, all of the ir	nformation on this form and su	pporting documentation					
is complete and accurate. I under	stand that the Committee	s's decision is final							
Student Signature		Date							

Submit a copy of military activation orders signed by commanding officer.

The committee makes every effort to meet once a month. Materials are confidential and only shared with committee members. The submission of an appeal does not guarantee approval. Students are notified in writing of the Committee's decision within 7 working days of the appeal meeting. It is recommended that you keep a copy of your appeal for your records.

Student's MilitaryActivation