

TUITION CREDIT REQUEST FORM
Tuition Credit Review Committee
Shepard Student Center Room 318
Orange County Community College
115 South Street, Middletown, NY 10940

Name

A#

Today's date

Address

()
Phone Number

LIST ALL COURSES YOU ARE REQUESTING A CREDIT FOR:

<u>Course#</u>	<u>Course Name</u>	<u># Credits</u>	<u>Non-credit</u>	<u>Semester/Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REASON FOR REQUEST (check one)

☐ Medical situation ☐ Academic course errors ☐ Military activation

RATIONALE (Please feel free to attach additional sheets if necessary. Please be sure to submit copies of supporting documentation.)

Student Signature _____ **Date** _____

Mail the completed form and all supporting documentation to the above address or place it in the Bursar's Office Drop Box.