

# University of Minnesota, Crookston Campus

## RETROACTIVE COURSE CANCELLATION & TUITION REFUND APPEAL

**INSTRUCTIONS:** Retroactive course cancellations and tuition refund appeals are granted only in cases of rare and extreme circumstances and are not granted for failure to cancel, nonattendance, or employment. Before completing this form, you should meet with an advisor to discuss options, including taking incompletes in your courses. If you decide to proceed with the appeal process, you must:

- Cancel courses before submitting this form;
- Complete Sections A through C below;
- Attach the required supporting documentation and personal statement; and
- Submit this information to the **UMC Office of the Registrar, 7 Hill Hall, 2900 University Ave., Crookston, MN 56716.**

If you have, or think you have, a disability related to this tuition refund appeal, consult with the Disability Services Office at 218-281-8587 or 270 Owen Hall prior to the completion of this form. If your appeal is approved, the course grade W (for Withdrawal) will remain on your academic record for each course. If you are an international student, contact the International Student SEVIS Compliance Officer, 7 Hill Hall, before submitting this form.

The decision regarding your appeal will be mailed to you in approximately two weeks. Decisions are not available over the phone or by e-mail. Questions regarding this form or the appeal process can be directed to the Office of the Registrar.

**DEADLINE:** Your appeal must be received no later than August 31 of the academic year for which you are submitting the appeal because that is the end of the fiscal year. Accounting practices and compliance with regulations restrict our ability to process tuition refund appeals beyond the end of the fiscal year.

SECTION A: Student Information				
student name: last	first	middle	telephone #	student ID #
current mailing address street or post office box				
city		state		zip code
term/year of cancellation <input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> May/summer 20____			list course(s) canceled	
SECTION B: Reason for Appeal. Please check the box for the reason you are appealing and attach a personal statement regarding your reason for appeal, as well as the required documentation listed in the box below. Any documentation you provide is protected by Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).				
<input type="checkbox"/> Medical	Your physician must complete the medical supplement on the next page and you must sign the authorization for release of medical information on that page.			
<input type="checkbox"/> Death in immediate family	Copy of death certificate required.			
<input type="checkbox"/> Military activation	Copy of military activation orders.			
<input type="checkbox"/> Academic advisement	Letter on University stationery from college office or adviser indicating that incorrect information was given by a University representative.			
SECTION C: Student Certification				
<input type="checkbox"/> I am not receiving, or did not receive, financial aid for the term/year listed in Section A. (Financial aid includes loans, grants, scholarships, tuition benefits, and fellowships.)				
<input type="checkbox"/> I am receiving, or did receive, financial aid for the term/year listed in Section A. <i>(NOTE: If your circumstances require you to withdraw/drop from all courses, you are encouraged to contact a Financial Aid Counselor and your academic adviser so your decision will be based on a clear understanding of the consequences of withdrawing from courses.)</i> <b>I understand that in most cases retroactively canceling courses will result in being billed for financial aid that has been disbursed based on my original enrollment.</b>				
I understand that any approval resulting in a reduction or removal of the student services fee or the University-sponsored Health Benefit plan will make me liable for any outside health insurance claims.				
<b><i>By signing this form, I am certifying that the information I provided is true. I understand that misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code. I have read and understand the statement above, and do so attest as documented by my signature on this date.</i></b>				
Student signature				Date
<i>for office use only</i>				
approved? [ ] yes [ ] no	results of decision			
effective date of refund	term/year	by	date	

*The University of Minnesota is an equal opportunity educator and employer.*

# COURSE CANCELLATION & TUITION REFUND APPEAL MEDICAL SUPPLEMENT

**INSTRUCTIONS FOR PHYSICIAN:** This form is to be used to help the student with documentation for an exception to the University of Minnesota's tuition policy. When completing this form, you will be asked to rate conditions on a scale of mild, moderate, or severe. Please use these ratings to indicate the usual state of severity of the conditions during the illness period. Mild is intended to indicate impairment in functioning greater than would be expected for a college/university student, leading to some impairment in studying and /or missing of classes. Moderate indicates further impairment in functioning that is not excessive or extreme. Severe indicates extreme difficulty in functioning and complete inability to attend class or study. If additional space is needed, attach a separate letter on letterhead providing further information.

student name: last	first	middle	student ID
<b>To be completed by physician/medical professional</b>			
Patient was seen for medical condition on (list all dates):			
State your diagnosis:			
Length of treatment:			
Was the student physically/emotionally incapable of attending classes during the term of the illness? [ ] Yes [ ] No			
Rate the severity of how the illness impacted the student's daily functioning during the term of the illness: [ ] Mild (less than 2 weeks) [ ] Moderate (2-6 weeks) [ ] Severe (more than 6 weeks)			
List specific symptoms and how they prevented the student from attending class(es):			
Extent of the illness or injury as it relates to the student's ability to participate in class: <input type="checkbox"/> Hospitalization (including day hospitalization) required (from _____ to _____) <input type="checkbox"/> Confined to bed (from _____ to _____)			
If this condition is a continuation of a prior condition, did the student suffer a relapse, have complications, or require a change in medication that affected her/his ability to attend classes: If yes, explain and give the date this was diagnosed:			
Rate how the student's illness affected the following daily functions: Ability to concentrate: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Ability to sleep: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Ability to attend class or study: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Energy level: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable Other _____: [ ] Mild [ ] Moderate [ ] Severe [ ] Not applicable			
Did you recommend ongoing treatment/therapy? [ ] Yes [ ] No		If yes, how often is/was the required treatment: [ ] Daily [ ] Weekly [ ] Monthly [ ] Other _____	
On what date do you believe the student can/could have resumed normal daily activities, including attending class(es)?:			
Other comments pertinent to the student's circumstances:			

By signing this form, you are certifying that the information you provided is true to the best of your knowledge.

Physician's Name/title	Date
Physician's Signature	Phone number
Name of Agency or Medical Provider (e.g., Altru Health-Crookston, MN)	

Signature of student authorizing release of medical information.

Student signature	Date:
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