



Refund Appeal

At Lakeshore Technical College, a student's academic success is important to us. When a student enrolls in classes, they make a commitment to participate and attend classes. If a student chooses not to start and/or continue their academic studies with us, the classes dropped would then be subject to the Wisconsin Technical College System Refund Policy and the student would receive the applicable refund.

If extenuating circumstances (situations outside of a student's control) prohibit the student from attending and require them to drop their classes, the student may apply for a Refund Appeal to be considered for a possible partial or full refund no later than 42 calendar days after the end date of the class(es) considered for refund appeal. A refund appeal form submitted after 42 calendar days from the end date of the class(es) referenced in the appeal will result in denial.

At the time of the extenuating circumstance, we encourage students to work with their instructors to see if class work can be made up. If not, the student will need to drop his/her classes. The process of applying for a refund appeal does not drop a student from classes.

EXTENUATING CIRCUMSTANCES MAY CONSIST OF THE FOLLOWING (applicable if the student was actively attending school at the time of the event):

- **Death of an immediate family member that required an extended absence.** Notification to instructors at the time of absence and a photocopy of the official death certificate or a dated obituary are required.
- **Medical emergency for self, spouse or dependent that is currently being treated which resulted in the inability to attend classes for an extended period of time.** Please have the patient's medical provider complete the attached Medical Documentation form. Documentation must include the dates of illness, dates of appointments and/or the dates of admission to the hospital that prevented you from attending classes. Medical documentation must be signed by a doctor, nurse practitioner or physician's assistant (one who is authorized to diagnose and treat patients and is a licensed healthcare provider whose care the patient is under) with a release and contact information provided for further information. Notification to instructors at the time of absence is required. Please complete and submit the Extenuating Circumstance – Medical Documentation form.
- **Military activation or deployment that required an extended absence.** A copy of orders or call to duty is required.
- **Employer required changes to your existing work schedule that prevented the student from attending class(es) for an extended period of time, where failure to accommodate the work schedule change would have resulted in employment being terminated.** Required documentation includes a signed letter from the employer or immediate supervisor, with details regarding the schedule change (reason for change, effective date, notice given) and impact to class schedule, on the employer's letterhead with employer contact information provided for further information. The letter must also substantiate employment at the time the student stopped attending classes and withdrew.

POSSIBLE IMPACT RESULTING FROM A GRANTED EXTENUATING CIRCUMSTANCE:

If the student is receiving financial aid or veterans educational benefits, a refund may result in repayment of financial aid. Future financial aid eligibility may be impacted by withdrawals that do not qualify for an extenuating circumstance. Information regarding this may be provided in response to the submission of this form.

See reverse for instructions.



Extenuating Circumstance – Medical Documentation

To be completed and signed by a licensed healthcare professional who diagnosed and treated the patient.

STUDENT INFORMATION:

Name _____ Student ID or Social Security Number _____

Is the student the patient or guardian of the patient? Patient Guardian

If guardian, please state relationship to patient: _____

INSTRUCTIONS – Your patient (or patient’s guardian) is a student at Lakeshore Technical College who is applying for a refund appeal that may result in a full or partial refund of his/her tuition due to circumstances beyond his/her control.

A qualifying extenuating circumstance is only for the medical emergency for self or dependent that is currently being treated and the seriousness of the diagnosis results in the inability of your patient (or patient’s guardian) to attend classes for an extended period of time (as determined by the inability of the student to work with the instructor to make up work for class work missed.)

Please fax completed form to Student Records at (920) 693-1835. For assistance, contact Student Records at (920) 693-1888.

HEALTH CARE PROVIDER INFORMATION:

Date of initial appointment: _____ Date of initial diagnosis: _____

Dates of follow-up appointments: _____

Was the patient admitted into the hospital? Yes No If yes, give dates: _____

Was the patient (if the student) advised not to work? Yes No If yes, give dates: _____

Was the patient (if the student) advised not to attend school? Yes No If yes, give dates: _____

What was the diagnosis and what impact did it have on his/her ability to carry out his/her job responsibilities or school work?

Was the patient following all recommended course of treatment? Yes No If no, please describe:

By signing below, you are attesting that the patient was seeking and receiving the proper care, following the proper protocol and medical provider’s orders and was in no way able to attend and/or participate in classes during the duration noted above. You may be contacted for additional information.

Signature _____ Date _____

Name _____ Title _____

Organization _____ Phone number _____

Questions? For assistance, contact Student Records at (920) 693-1888 or (888) 468-6528 ext. 1888.



Refund Appeal Application

INSTRUCTIONS – Submit completed form with supporting documentation by mail to Student Records, Lakeshore Technical College, 1290 North Avenue, Cleveland, WI 53018, or fax to (920) 693-1834. For assistance, contact Student Records at (920) 693-1888.

STUDENT INFORMATION:

Student ID or Social Security Number (required) _____ Email _____

Name _____ Phone _____

Mailing Address (Street, Apt., City, State, Zip) _____

Academic Year _____ Term Fall Spring Summer

Did you receive financial aid for the identified term? Yes No

Did you receive veteran’s benefits for the identified term? Yes No

What are you requesting? Refund Percentage Grade Change Student Account Charges

REQUESTS DUE TO MILITARY ACTIVATION ONLY:
 Please drop the student from the classes below, effective _____ (date).

CLASS INFORMATION

Class Number (5 digits)	Class Title	Last Date of Attendance	Did you notify the instructor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you discuss your situation with your instructors and/or academic advisor? Yes No If yes, please describe. If no, indicate why:

REASON FOR EXTENUATING CIRCUMSTANCE – Please attach supporting documentation and indicate why you feel you qualify for an extenuating circumstance (you may use additional paper and attach). If requesting a refund due to medical reasons, please complete and attach the Extenuating Circumstances – Medical Documentation.

Results sought and future academic plans:

Student Signature _____ Date _____