

Student Name:	Student ID#
Mailing Address:	
Contact Phone:	Email Address:
	Tuition Refund Policy can be found online at: cies/involuntary-withdrawal-policy.html.
What type of appeal are you re	questing?
tuition charges for the co	refund period op your courses without any grades appearing on your transcript. The urses will be removed from your account, however you will still be of any non-refundable fees and any accrued charges such as bookstore
are still responsible for th	thdraw from courses. A grade of WD will appear on your transcript. You ne tuition for the courses including any balance after financial aid by non-refundable fees and any accrued charges such as bookstore
	harges justment to your tuition charges. There will be no changes to your ou remain enrolled in the courses).
Do any of the following apply?	
Financial Aid Recipient	Veterans Education Benefits Recipient
Employer Tuition Assistance	ee Recipient
Course information (example:	Fall 2020, HST-1032-87654
Term / Year:	Course & Section Number
Term / Year:	Course & Section Number
Term / Year:	Course & Section Number
Term / Year:	Course & Section Number
Term / Year:	Course & Section Number

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## Reason for Appeal

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	Illness of student or immediate family member— (Immediate family includes, a spouse, parent, child or other member of the student's household.) Certification must be provided by the student's or family member's attending physician stating that the student's or family member's illness requires the student's withdrawal. Physician's note must be on professional stationary, specify dates of treatment, and clearly indicate that ill health made it impossible for student to continue enrollment in classes.		
	<b>Military deployment</b> – Must provide copies of military orders signed by the individual's commanding officer or another appropriate official to show proof of effective date.		
	<b>Death of student or immediate family</b> – (Immediate family includes, a spouse, parent, child or other member of the student's household.) Appropriate substantiation must accompany the request for withdrawal. Examples include a death certificate, notice, newspaper article, or funeral program. Relationship to student must be clearly indicated in documentation.		
	<b>Involuntary change/transfer in work hours</b> – A letter from the supervisor must be provided and appear on company letterhead, indicate effective date of change in work schedule, and outline new work schedule.		
	Other – These appeals require highly extenuating circumstances that were outside of the students' control. Be thorough in explaining in your statement.		
Please	submit	your appeal, explanation of the situation and <u>required</u> supporting documentation to:	
Email: Mail: In Pers		appeals@csmd.edu Student Appeals – REG, PO Box 910, La Plata MD 20646 La Plata: Information Desk, AD Building Lobby Prince Frederick: Welcome Center, PFA Building Lobby Leonardtown: Welcome Center, C Building Lobby	
registra courses by usin suppor Refund	ation app s prior to ng this fo ting doc ds are ge	this form, I am confirming that I understand that College of Southern Maryland only grants beals under extraordinary circumstances. It is the student's responsibility to drop his or her the established deadline. After the published deadline, appeals to the policy must be made form and submitting it as indicated above. A written statement of explanation and umentation must be included. Appeals without supporting documentation will be denied. In nerally not granted if the student's tuition balance has been sent to the State of Maryland's cition Unit (CCU).	
based o	on your o	ncy withdrawal or tuition refund is approved, you may receive a pro-rated refund of tuition date of withdrawal, last date of attendance, and/or effective date of your situation as ove. Please allow 3-4 weeks from submission to receive notification of the student appeals ision.	
Signatu	ure:	Date:	