

**East Central College  
Office of Student Development**

1964 Prairie Dell Road  
Union, MO 63084

Phone 636-584-6566

Fax 636-584-0063

**Appeal of Tuition/Withdrawal Date**

This form is to be completed by the student **in its entirety**, with supporting documentation attached as indicated. Please print legibly. Note that requesting an exception to the refund policy requires a thorough review of your request. You will receive a letter with the decision in approximately 4-6 weeks. An appeal **cannot** be processed with a grade of A,B,C,D, or F. Incomplete requests will be denied.

**NO COURSE FEES LISTED AS "NON-REFUNDABLE" WILL BE REFUNDED AS A RESULT OF THIS APPEAL.**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last (as listed on ECC records) First Middle

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip Code Area Code/Number

\*E-Mail Address: \_\_\_\_\_  
**\*(REQUIRED)**

Reason for appeal (documentation is required).

- Medical\*       Death in Family       Military Duty\*       Other

**\*Documentation is required for medical and military appeals.**

List Courses:

Course Number(s)	Course Title(s)	Number of Credit Hrs	(Check term, indicate year)
_____	_____	_____	<input type="checkbox"/> Fall
_____	_____	_____	<input type="checkbox"/> Spring
_____	_____	_____	<input type="checkbox"/> Summer
_____	_____	_____	Year: _____
_____	_____	_____	

Have the course or course(s) been dropped from your schedule?       Yes       No

If no, why not? \_\_\_\_\_

Please indicate why you are submitting this appeal, and indicate what prevented you from withdrawing in a timely manner. If you need additional space, please use the reverse side of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Over)

Continue with narrative explanation:

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What action do you want the College to take? \_\_\_\_\_

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If you attended class(es), indicate the last date that you were in class: \_\_\_\_\_

I certify that everything I have stated in this appeal is true and accurate to the best of my knowledge. I understand that providing false information is grounds for disciplinary action by the Vice President of Student Development.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ATTENTION: Return the original, signed form to the Executive Administrative Assistant to the Vice President of Student Development's Office in BH 131. Thank you.**

**NOTIFICATION PROCESS: Students will be notified in writing of the results of their appeal. Notification will be mailed to the address listed on the Appeal of Tuition/Withdrawal Date form. NO PHONE NOTIFICATIONS WILL BE MADE.**