



Petition for Tuition Refund

Auburn Hills Campus
2900 Featherstone Road
Auburn Hills MI 48326-2845
AHES@oaklandcc.edu

Highland Lakes Campus
7350 Cooley Lake Road
Waterford MI 48327-4187
HLES@oaklandcc.edu

Orchard Ridge Campus
27055 Orchard Lake Road
Farmington Hills MI 48334-4579
ORES@oaklandcc.edu

Royal Oak Campus
739 South Washington
Royal Oak MI 48067-3898
ROES@oaklandcc.edu

Southfield Campus
22322 Rutland Drive
Southfield MI 48075-4793
SFES@oaklandcc.edu

Name _____ ID # _____

Address _____
Street City ZIP

Telephone (_____) _____ Telephone (_____) _____
Day Evening Call Day Evening Call

NOTE:

- You must officially drop from all sections that you are appealing.
- **Financial Aid Recipients:** Dropping courses could affect both your current financial aid award and your eligibility for future financial assistance. It is recommended that you contact the Financial Aid Office before dropping to understand the consequences of this action.
- If you have a medical or work-related reason for dropping, please contact the Enrollment Services Department for College guidelines before submitting this form.

I understand that dissatisfaction with a particular teaching style, lack of knowledge of refund deadlines, and disagreement with refund policies are not grounds for refunds. I understand that I must drop from the course(s) in question before a refund can be considered. I also understand that submission of this form does not guarantee a refund. I understand that registration and technology fees are non-refundable.

COURSE CODES		SECTION NUMBERS	SEMESTER	YEAR
Course _____	Section _____		Fall	_____
Course _____	Section _____		Winter	_____
Course _____	Section _____		Summer I	_____
Course _____	Section _____		Summer II	_____

Please give a detailed explanation of your request (which should be chronological and give specific dates) on the reverse side, and attach any documentation that may support your claim.

REFUND TYPE: 50% Refund Invoice Cancellation Removal of no show grade

Email or mail to the Enrollment Services Department at any of the campuses listed above. Email is the preferred method.

Student Signature _____ Date _____

Note: Notification of approval or denial will be sent to the student's OCC email account. If approved, a refund check will be mailed within 4-6 weeks of the notification.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Request approved. Process for: 50% of tuition and course fees only Invoice Cancellation Other _____
Denied Additional Information Required Notification Sent

Dean of Campus Affairs Signature _____ Date _____

Student Signature _____ Date _____