



Petition for Tuition Refund

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Auburn Hills Campus
2900 Featherstone Rd.
Auburn Hills, MI 48326-2845 | <input type="checkbox"/> Highland Lakes Campus
7350 Cooley Lake Rd.
Waterford, MI 48327-4187 | <input type="checkbox"/> Orchard Ridge Campus
27055 Orchard Lake Rd.
Farmington Hills, MI 48334-4579 | <input type="checkbox"/> Royal Oak Campus
739 S. Washington
Royal Oak, MI 48067-3898 | <input type="checkbox"/> Southfield Campus
22322 Rutland Dr.
Southfield, MI 48075-4793 |
|---|---|---|---|---|

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											
Course _____	Section _____	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">SEMESTER</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td>Fall</td> <td>_____</td> </tr> <tr> <td>Winter</td> <td>_____</td> </tr> <tr> <td>Summer I</td> <td>_____</td> </tr> <tr> <td>Summer II</td> <td>_____</td> </tr> </table>	SEMESTER	YEAR	Fall	_____	Winter	_____	Summer I	_____	Summer II	_____
SEMESTER	YEAR											
Fall	_____											
Winter	_____											
Summer I	_____											
Summer II	_____											
Course _____	Section _____											
Course _____	Section _____											
Course _____	Section _____											

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

Hand deliver or mail to the Enrollment Services Department at any of the campuses listed above.

Student Signature _____ Date _____

Note: You will receive a written notification of approval or denial. If approved, refund checks will be mailed within 4-6 weeks of the notification date.

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 _____

