

**Johnson County Community College  
Bursar's Office Refund Appeal Form**

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*JCCC ID Number*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

\_\_\_\_\_  
*Day Telephone Number*

\_\_\_\_\_  
*Email Address*

Term: \_\_\_\_ *Fall*      \_\_\_\_ *Spring*      \_\_\_\_ *Summer*      Year \_\_\_\_\_

**Refund Appeal Reason:**

\_\_\_\_ Dropped Classes which have been paid for. My Student Account now has a credit balance. I understand that once refunded, I will owe for any classes or charges added after the refund.

\_\_\_\_ Third Party Sponsorship received by JCCC.

\_\_\_\_ Liability Insurance Refund. Liability Insurance of \$16 is an annual charge for certain academic programs. By requesting this charge to be refunded, I am certifying that I do not intend to enroll in any JCCC programs requiring this fee for at least one year from the date my account was originally charged.

\_\_\_\_ Other, please provide brief reason:

If courses have been dropped, please specify which ones:

CRN#	Subject Code	Course Number	Course Title	Date	Charges

**Please use reverse side for student explanation of extenuating circumstances.  
Attach additional supporting documentation.**

**Return Appeal Form and Supporting Documentation to:  
Bursar's Office GEB 115  
Johnson County Community College, Box 3  
12345 College Boulevard  
Overland Park, KS 66210-1299**

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**Student's Explanation:** (Include Additional Sheets and Documentation as Necessary)

**I have read the instructions on the reverse side of this form and have attached all supporting documentation. I realize the appeal will not be considered if the student's explanation and/or supporting documentation are not attached.**

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

**PLEASE DO NOT WRITE BELOW THIS LINE**

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**Administrative Approval:**    Approved \_\_\_\_\_    Denied \_\_\_\_\_

**Amount to Refund/Transfer** \_\_\_\_\_    **Refund/Transfer to:** \_\_\_\_\_

**BR Hold Until** \_\_\_\_\_

**Bursar's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

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**Accounting Specialist Action:** \_\_\_\_\_    **Date:** \_\_\_\_\_