Bucks County Community College

Information About Withdrawal Grade/Tuition Appeals

Bucks County Community College provides an appeal procedure for students who believe that the enrollment or grading in certain coursework is questionable. Students should first see the course instructor to resolve the matter. If resolution is not achieved, then the Assistant Academic Dean should be consulted. Beyond that, the student may file an appeal:

Tuition Appeal

A tuition appeal is for coursework undertaken during this current semester.

A Tuition Appeal may be granted if a student was unable to attend courses registered in the current semester due to medical, personal, or employment-related situations that were beyond the student's control. The attached Tuition Appeal form can be used to file the appeal. The deadline to submit the form is the **last day of the semester in which the course enrollment is being appealed.**

-- OR--

Withdrawal Appeal

A withdrawal appeal is for grades received in coursework that was taken during previous semesters:

A Withdrawal Appeal will be considered up to three years after the end of the semester or session in which the grade was received. If you decide to request a Withdrawal (W Grade) for the course or courses you were not able to complete due to medical, personal, or employment-related situations that were beyond your control, you may use the attached form.

It should be noted that only the Instructor authorizes the grade change to "W." Other steps in the appeal process are advisory. Students are urged to retain all graded work until final grades have been received from the College.



Bucks County Community College

Student Appeal for Tuition To be Refunded

College policy states that no refunds will be made after the drop period. However, the college realizes that there are extenuating circumstances that can prevent a student from dropping classes by the refund deadline. The deadline for submitting appeals to the Office of Admissions, Records and Registration, is the <u>LAST DAY OF THE SEMESTER</u> that the student is appealing. Supporting documentation must be submitted with the appeal. <u>FAILURE TO DO SO WILL DENY YOUR APPEAL.</u>

Attach all documentation to support your request to this form:

- For **medical** issues, include a letter from a physician or other medical practitioner, on letterhead, detailing the dates of treatment and statement attesting to student's condition as reason for withdrawal.
- For **death in family**, please include a copy of the death certificate.
- For **change in employment**, submit a letter from your employer, on letterhead, stating date of change and revised hours.
- For any other situations, supporting documentation should likewise be attached.
- For all appeals, include a personal statement of the situation. Be as specific as possible to dates and circumstances in explaining your request.

Students can initiate an appeal by completing this form and submitting it to the Office of Enrollment Services, which is located in The Hub, 275 Swamp Road, Newtown, PA 18940 or fax to 215-968-8110. The Provost and Dean of Academic Affairs, Vice President/Dean of Student Affairs, and the Assistant Dean, Enrollment Services, will meet to consider each appeal. **Students will receive** *written* **notification of the decision made by the Appeals Committee.**

Semester Ap	pealing:	Fall 20	Spring 20	Summer 20 	Intersession 20
Course or Co	ourses Appealing]:			
Please print:	Last Name		First	Middle	_
	Address				-
	City		State	Zip	-
	Telephone nui	mber	Stu	dent number	_
If yes, you sh	iving FINANCIA nould be aware if repay any financ	financial aid h	-	ır account, you may	owe funds to the College o
Are you recei	iving VFTFRAN S	S RENEFITS?	YES	NO	

		needed, please attach a separate page.) on must be submitted with the appeal.*	
aloue the four weign to	- b- 4-	. 46 a b a a t a f way by a yell a day a good b a li a f	
	unders	the best of my knowledge and belief, stood that any false statement(s) may l beal.	
tement of facts. It is	unders	stood that any false statement(s) may l	
tement of facts. It is son for dismissal of I	unders	stood that any false statement(s) may beal.	
tement of facts. It is son for dismissal of I	unders	stood that any false statement(s) may be lead. Date	be sufficie
Signature of Student Approve	unders my app	btood that any false statement(s) may local. Date For College Use Only	
tement of facts. It is son for dismissal of a Signature of Student	unders	btood that any false statement(s) may local. Date For College Use Only	be sufficie
Signature of Student Approve	unders my app	Date For College Use Only Provost and Dean of Academic Affairs	Date