

DELTA COLLEGE *LifeLong Learning*

Request for Refund/Retake Exception

LifeLong Learning realizes that on rare occasions, students and test candidates may need to request an exception to the refund/retake guidelines as published in the catalog, the course registration statement, and on the web due to extenuating circumstances such as:

- Your induction into deployment for service in the U.S. military
- Death of an immediate family member
- A documented medical emergency of the student
- Other: Provide a detailed explanation of the situation and include any relevant documentation

Examples of the reasons **not** accepted are:

- Incarceration
- Job change or Relocation
- Acceptance into another school
- Not aware of prerequisites
- Not aware of non-transferable & non-refundable policy
- Loss of transportation to/from class
- Personal/family concerns that impose in study/class time
- Incorrect course advising recommendations provided by "other" college
- Enlisting in Armed Forces
- Class assignments not met (see Director)
- Issues between the student and the instructor (see Director)
- Known medical condition prior to registration or medical concerns without supporting documentation
- Documented learning disabilities not previously documented with the Disability Services Office or you have ignored their advice

In all cases, the situation must have interrupted your ability to:

- Attend class(es) for a substantial length of time
- Complete the semester
- Adhere to the usual withdrawal refund procedures
- Take your scheduled test

Guidelines:

- A) Request must be submitted by the last day of the class for which you are requesting the refund.
- B) If your Request for Refund/Retake Exception is granted and you are a Financial Aid recipient, including student loans, your financial aid may be reduced or removed and could result in a return of funds to the federal government. You will be responsible for repaying those funds immediately. This includes any financial aid refunds that you have received and/or bookstore charges. You should discuss the impact of this request with the Financial Aid Office (989-686-9080) before submitting a Request for Refund/Retake Exception.
- C) Registration and Tuition Payment Plan fees are non-refundable and cannot be appealed.
- D) Filing a Request for Refund/Retake Exception does not relieve your current obligation to Delta College. You are responsible for all charges assessed on your account pending a decision on your appeal.
- E) If you fail to drop your classes within the add/drop period outlined in the course planning guide you will be charged tuition and fees for your classes.
- F) You must be withdrawn from the class in question before submitting this Request for Refund/Retake Exception. No action will be taken if appropriate course withdrawal has not been completed.
- G) No adjustment will be made if you were withdrawn from any course by the faculty or the administration for lack of prerequisites or disciplinary action.
- H) A Refund Exception Committee will review appeals in a timely manner and you will be notified of the decision **via the e-mail you have provided in this request.**
- I) All supporting documentation must be received at the time the Request for Refund/Retake Exception is submitted. If additional information is required by the Refund Exception Committee, the documentation must be received within two weeks of notification.
- J) A Request for Refund/Retake Exception will not be approved for pre-existing medical conditions or because you failed to confirm the drop you made using the online registration system.

DELTA COLLEGE *LifeLong Learning* Request for Refund/Retake Exception Form

Complete this form and submit to: *LifeLong Learning, Delta College, 1961 Delta Rd., University Center MI 48710*
Be sure to include appropriate documentation (see below). Falsifying information on this request will result in immediate denial and may be grounds for sanctions as outlined under the student code of conduct.

Name _____ Student Number _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____ E-Mail: _____

Please list the course or test for which the Request for Refund Exception is being requested:

Course Number (Ex.: CHG 3001 FA100)	Course Title (Ex.: Pharmacy Technician)	Class Start Date (Ex.: 08/23/2011)	Class Cost (Ex.: \$849)
Test Number (Ex.: CTW 1000 FA100)	Test Title (Ex.: Workkeys Math)	Test Start Date (Ex.: 08/23/2011)	Test Cost (Ex.: \$20)

Did you receive a Scholarship or Third-Party Sponsor pay for this class or test? Yes No

Reason for Request/Documentation

- U.S. Military Induction/Deployment: Submit the induction/deployment notice that clearly displays the date of induction/deployment
- Death of an immediate family member: Submit a death certificate, obituary, or death notice. If the documents do not clearly indicate the relationship of the deceased to you, please supply document(s) that do indicate the relationship. (if drop date is prior to the death, a letter explaining the reason for the drop must also be included)
- A documented medical emergency of the student: Submit statement on doctor's letterhead (including phone number), dated and signed by the physician. Doctor's statement must indicate that the medical situation is preventing you from taking the test or attending class **for a substantial length of time**, completing the semester, and/or prevented you from adhering to the usual withdrawal or refund procedures. *LifeLong Learning reserves the rights to verify the authenticity of submitted documentation.*
- Other: Provide a detailed explanation of the circumstances and include documentation such as legal documents, police reports, etc.

Attach a letter of explanation, explaining your situation and the reasons why you feel the course or testing services fee refund policy should be waived in your case. Please be as complete as possible. Also, attach the appropriate documentation needed to support the reason you checked above. The responsibility for ensuring that LifeLong Learning has received the needed documentation rests with the student or test candidate filing this request.

- ✓ By signing this request I understand that I am requesting the College to conduct a thorough investigation of my account. The college will notify me in writing via e-mail of the findings and action taken.
- ✓ I have reviewed the information contained in this document and **BY SIGNING BELOW, I UNDERSTAND THE IMPLICATIONS OF MY REQUEST.**

Student Signature: _____ Date: _____

Appeal: _____ Approved _____ Denied _____ Tabled

- Retake Credit: Student will receive re-take credit and must use the credit through LifeLong Learning by June 30th of the calendar year.
- Full Refund of Tuition Charges: Any payment due back to student will be mailed to address on record in the Registrar's Office.
- Partial Refund of Tuition Charges:
Percentage _____: Any payment due back to student will be mailed to address on record in the Registrar's Office.

Director of LifeLong Learning Signature: _____ Date: _____/_____/_____