Refund Appeal Form

Return completed form to: Business Manager
Northeast State Technical Community College
P.O. Box 246
Blountville, TN 37617-0246

For Student Use

Complete the following:

Last Name    First    MI    Date

Street Address

City    State    Zip Code    Phone Number

Date of withdrawal: ____________________________ Appeal Term (term, year): _______________

REASONS FOR CONTESTING REFUND POLICY:
(PLEASE TYPE OR WRITE IN INK AND USE BACK OF FORM IF NEEDED).
It is the student's responsibility to provide written documentation substantiating the reason(s) for the appeal. Withdrawals or reductions in course load due to personal illness/injury require a statement from a licensed medical physician stating withdrawal was necessary due to the health of the student. A death in the immediate family must be verified with a copy of the obituary. Immediate family includes spouse, child, step-child, parent, step-parent, foster parent, parent-in-law, sibling grandparents and grandchildren. Other reasons must be supported by written documentation.

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STUDENT SIGNATURE: ___________________________________________ DATE: __________________________

Refund percentage applicable: ___________________________________________ Business Manager Approval

The refund percentage shown is for refundable fees in compliance with the Institutional Refund policy as approved by the Tennessee Board of Regents.