

# COLLEGE OF DuPAGE

Continuing Education -- SRC 1110  
Phone: (630) 942-2208  
Fax: (630) 942-3785  
Email: ce@cod.edu

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

# REQUEST FOR TUITION REFUND

Appeals will only be considered within 1 year from the semester that the courses were originally enrolled.

\_\_\_\_\_ Date

\_\_\_\_\_ Semester

Student's Name: Last, First, Middle Initial (Please **PRINT** Clearly.) \_\_\_\_\_

\_\_\_\_\_ COD Student ID Number or SSN

Street Address (Include apt. number if applicable) \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Phone #

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

Preferred method of contact if additional information is required:  Mail  Phone  Email

(1st) Course Name and Section \_\_\_\_\_

\_\_\_\_\_ Instructor's Name

\_\_\_\_\_ Last Date Attended

\_\_\_\_\_ Drop Date

(2nd) Course Name and Section \_\_\_\_\_

\_\_\_\_\_ Instructor's Name

\_\_\_\_\_ Last Date Attended

\_\_\_\_\_ Drop Date

(3rd) Course Name and Section \_\_\_\_\_

\_\_\_\_\_ Instructor's Name

\_\_\_\_\_ Last Date Attended

\_\_\_\_\_ Drop Date

(4th) Course Name and Section \_\_\_\_\_

\_\_\_\_\_ Instructor's Name

\_\_\_\_\_ Last Date Attended

\_\_\_\_\_ Drop Date

Please describe:

1. Why you withdrew from your class (es).
2. Why you did not withdraw during the refund period.

**To expedite processing, please provide supporting documentation with your request.**

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\_\_\_\_\_

For Continuing Education Registration Office Use Only:  Approved  Denied

Amount Refunded (if Approved) \$ \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

(over)

## Guidelines for Requesting a Tuition Refund

- If the appeal is due to **medical reasons**, the student must complete a Request for Medical Withdrawal, which can be obtained in the Continuing Education Office, SRC 1110, on the College of DuPage website at: [www.cod.edu](http://www.cod.edu) or on myACCESS at: [my.access.cod.edu](http://my.access.cod.edu). For questions regarding the Request for Medical Withdrawal, please call (630) 942-2208.
- For all other requests for a tuition refund, complete this form and return it to the Continuing Education Office, SRC 1110, (630) 942-2208..

Please note: For refund requests involving an advising or instructional issue, we will contact the appropriate Coordinator/Dean to receive their recommendation.

## Additional Information

- Filing an appeal does not relieve your current obligation to College of DuPage. You are responsible for all charges assessed on your account pending a decision on your appeal.
- Failure to provide adequate documentation at the time of submission will result in denial of your appeal.
- In addition to providing supporting documentation, you must provide your own explanation as to why you are requesting a tuition refund. *Please be thorough.*
- You will be notified of the decision by mail within 4 weeks after receipt of your written appeal. **Additional time may be necessary for instructional, financial aid or advising issues to be reviewed by the Coordinator/Dean.**
- If a refund is issued, you should receive it within 30 days after the appeal is approved. If there is a balance due on your account, the refund amount will be credited to your account balance.
- **A refund cannot be considered when an instructor has given a grade.** If you have received a grade of "F" for the class in question, you must submit a Petition for Failing Grades with the Records Office before your Request for Tuition Refund can be considered. If the Records Office determines that you can be withdrawn from the class in question, you will then be considered for a refund by the Continuing Education Office. If you have any questions regarding the '*Petition for Failing Grades*' form, please contact the Grades Department at (630) 942-2440 or (630) 942-2445.
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RETURN COMPLETED FORM WITH APPROPRIATE DOCUMENTATION TO THE CONTINUING EDUCATION OFFICE, SRC 1110, email to: [ce@cod.edu](mailto:ce@cod.edu) or mail to the address below:

**ATTN: Tuition Appeals  
Continuing Education -- SRC 1110  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
PHONE: (630) 942-2208  
FAX: (630) 942-3785**