



## Involuntary Withdrawal Refund Appeal Request

In extreme circumstances, where the student is forced to withdraw after the normal refund period, the College will consider granting a partial refund of tuition as determined by the Refund Appeals Committee. In order to be eligible for consideration, the student must meet the criteria described in the Involuntary Withdrawal Policy. Upon submission of this request, the student must provide the appropriate substantiating documentation to support such a request. Click here to see the full [Involuntary Withdrawal Policy](#).

**Important:** Appeals must be submitted no later than the 10th week of a 15-week semester or the 5th week of an 8-week semester to be considered. All requests will be reviewed within **three weeks** from the time of submission. **Review Turnaround Time:** *The Refund Appeal Committee meets on or about 15<sup>th</sup> of each month to deliberate. Once deliberation is completed, decisions will be sent to the student within 7-10 Business Days.* Submit this form to [refundcommittee@chesapeake.edu](mailto:refundcommittee@chesapeake.edu)

**Student ID#:** (Please do not list your SSN): \_\_\_\_\_ **Student Name:** \_\_\_\_\_  
**Term (semester) appealing:** \_\_\_\_\_ **Amount appealing:** \_\_\_\_\_

**Note:** This appeal is an official request for a refund which is a financial process only. If you received an F in the course(s) you are submitting this appeal for and you feel that your circumstances warrant changing the F grade(s) you may have received to a Withdrawal, please click here to access the ["F" to "W" Change Request](#).

Reason for Appealing (Select One)

Description of situation that forced you to withdraw from your class or classes:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

Approved: \_\_\_\_\_ Refund Amount: \_\_\_\_\_

Denied: \_\_\_\_\_

Notes:

Business Office Initial: \_\_\_\_\_ Date: \_\_\_\_\_