

REQUEST FOR EXCEPTION TO REFUND POLICY

Name	Social Security#
Address	
Street Address	
City	State Zip Code
Home Phone	Work Phone
Class(es) Dropped	Date Dropped
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Method of Payment	Original Receipt #
Describe in detail the reason you are asking for an exception to the policy. Please note that exceptions are typically made only for (1) incapacitating personal injury or illness; (2) death of an immediate family member (mother, father, sister, brother, child, spouse); (3) error made by Washington State Community College; or (4) natural disaster (fire, flood, etc.).	

All requests **must** be accompanied by acceptable documentation of the situation as follows:

- Personal injury or illness – Letter from physician stating your diagnosis, the dates of your illness or hospitalization, and a recommendation that you discontinue your classes.
- Death in immediate family – Obituary that lists your name and relationship to the deceased.
- Error made by Washington State Community College – Letter from the office involved in the error.
- Natural disaster – Police report, fire department report, or insurance document.

The decision of the Controller will be mailed to you within three (3) days of the receipt of your completed form and documentation. All decisions are final. A cash refund may not be necessarily be made.

Submit this form to the Controller’s Office, 710 Colegate Drive, Marietta, Ohio 45750.