**Refund Request Form**

Refunds are provided according to the refund schedule as listed in the Sandburg catalog. If circumstances, beyond the student’s control, caused the student to withdraw, the student may submit a written appeal requesting a refund.

**The student should read and complete the form below and provide appropriate documentation. Requests that are incomplete or have missing documentation will NOT be reviewed and will be returned to the student. The College has elected a Committee to review the requests. All Committee decisions are FINAL.**

All students will receive a written response mailed with 30 business days after the final date all information has been received.

**Complete the following:**

* It is in your best interest to provide the most complete information possible. If your request is insufficient, additional information will be requested. If this happens, a decision will not be possible until all the information has been received. A decision would then be made 30 business days after the final date all information has been received.
* Attach third party, supporting documentation form appropriate authorities (i.e. doctor, insurance agent, hospital, etc.) to clarify/support your request.

In case of death: obituary, death certificate, newspaper article.

In case of illness: letter from physician stating illness, dates of illness and doctor care, and reasons for being unable to attend classes.

Other: Third party documentation that covers the time frame you experienced difficulty.

* + - * + Statements from other family or friends **are NOT acceptable**.

**Important information:**

* Students who withdraw prior to the 11th week of the semester and who have received federal student aid (i.e. Pell, Map, Loans, etc.) will be required to repay a prorated portion of the federal aid. There is no appeal to relieve you of the obligation to repay these funds.
* If the financial aid paid for tuition, fees and books, the financial aid program will be refunded.
* If the student paid for tuition, fees and books, the student will be refunded.
* If a third party paid for tuition, fees and books, the third party will be refunded.

**\*\*\*\*\*\*\*\*\*\*No refund request form considered-once term is over and grades are posted\*\*\*\*\*\*\*\*\*\***

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| --- | --- | --- |
| **Student Information** | **Classes Dropped** | **Date of Enrollment** |
| **Name:** |  |  |
| **Address:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **ID#** |  |  |
| **Phone#** |  |  |
| **E-mail:** |  |  |

**Explain in detail the circumstances relating to your request for refund.**

Click or tap here to enter text.

**Submit complete request and any appropriate documents to:**

Carl Sandburg College

Business Office

2400 Tom L. Wilson Blvd.

Galesburg, IL 61401

**I CERTIFY THAT ALL INFORMATION AND DOCUMENTATION I HAVE SUBMITTED, PERTAINING TO THIS REQUEST, IS TRUE AND COMPLETE.**

Student Signature: Click or tap here to enter text. Date: Click or tap to enter a date.