

Sandburg provides students a period of time at the beginning of the semester to decide if they are able to continue with the course. Students should thoroughly review the course syllabus to ensure they are able to complete the course requirements and have the proper resources, including the required textbooks, online access codes, and technology when appropriate. Sandburg provides a full refund of tuition and fees if the student drops the course before the deadline.

Deadline for 16-week courses – the first 9 calendar days of the course.

Deadline for 8-week courses – the first 5 calendar days of the course.

If the student experiences extenuating circumstances after the 100% refund deadline that will prevent them from completing the course, they may be eligible to appeal for a refund. Students must drop the course before they can submit an appeal. Students should submit the refund request form, along with any documentation to support their claims.

Appeals will be considered on the basis that the student could not have anticipated the circumstances and the circumstances were out of the student's control. Third-party documentation should accompany all appeals.

- 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 on or about the 20th of each month. <u>All Committee decisions are FINAL</u>.
- All students will receive a written response mailed with 30 business days after the final date all information has been received.

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

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

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



2. 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

Date_