**OZARKS TECHNICAL COMMUNITY COLLEGE**

PETITION FOR Tuition & FEE APPEAL

This petition is for (check only one)  2019 Summer  2019 fall  2020 Spring

Name Student SS/ID Number

Address City, State, Zip

**INSTRUCTIONS:**

Please be sure to provide all requested information. Explain why you want your appeal considered, when you discovered the situation, and how the situation was discovered by you. Also, please identify who you have worked with to resolve the problem. **Documentation to support your case is to be attached to this form.** Documentation may include items such as letters from physicians to verify illnesses or injuries, letters from someone who gave you misinformation, etc. **Failure to provide supporting documentation will result in your appeal being denied.** You will be contacted within 5 days from the date of the appeal confirming the committee has received your appeal and supporting documentation. Please note that filling out an appeal does not relieve you of your current financial obligations to OTC and does not stop any collection processes.

**Did you receive any financial aid, including loans, grants, or scholarships?**

**YES**  **NO** If “**yes**”, you will be responsible to pay back any unearned financial aid.

A balance consisting of unearned financial aid does not qualify for an appeal.

Students receiving any type of financial aid, including loans, grants, and scholarships, should be aware that their account will be reviewed to determine how much financial aid they have earned. Ozarks Technical Community College will not adjust any tuition charges if aid is earned. Rules and regulations governing Federal Financial Aid programs cannot be waived through a tuition appeal or under any other circumstances.

**Please note that you do not qualify for an appeal under these circumstances:**

* Courses moving to online delivery in response to COVID-19
* The student must complete and submit a Petition for Fee Appeal form and all pertinent written documentation to the OTC Student Account Services Office within **30 days** following the end of the semester. In cases of incapacitation, exceptions may be made on a case-by-case basis.
* Failure to attend class, incomplete course withdrawal, or administrative withdrawal action does not constitute grounds for appeal.
* Financial hardship does not constitute grounds for appeal.
* If your request is based on a current or past incarceration, you cannot appeal your balance unless you can prove you were wrongly accused.
* You have an academic complaint, these complaints need to be handled with the appropriate College department or Vice Chancellor.
* If you have an OTC employee/customer service complaint please address them with the appropriate department supervisor.
* Inadequate student technology devices including, software and hardware issues, do not constitute grounds for an appeal. If a student chooses to enroll in online courses it is their responsibility to be prepared for course work and course participation. Being unsuccessful in online courses is not grounds for an appeal.
* Residency status disputes and all other status changes are not reviewed through the appeal process. Please address these issues with the appropriate departments.
* If you choose to attend another institution and do not completely withdraw yourself from courses before the start of the semester your charges on your account will be valid.

**Exceptions must meet one or more of the following criteria to be considered and approved:**

* 1. **Written documentation** of an illness, accident, injury, loss of family member, or situation which could not be influenced, planned for, or prevented by the student that prohibits completion of semester classes. This provision specifically excludes conditions or chronic illnesses that remain static and are known to the student at the time of registration. (This applies for student or immediate family only. Immediate family includes: spouse, children, parent, step-parent, grandparent, and step-grandparent).
  2. **Written documentation** of substantiated circumstances involving deadlines where a student has in good faith relied on information provided by a named College official, or the official’s interpretations of the text of a College document or publication, and was consequently misinformed about its terms.

**Please select your reason for your appeal:**

**Medical: Unable to attend classes due to medical reasons. Provide letter from physician stating dates of treatment, situation/condition interfered with class attendance, and when you can return to school.**

**Medical Family: Provide a letter and documentation from the physician of illness.**

**Loss of immediate family member: Provide death certificate or obituary for a parent, spouse, grandparent, sibling, or child.**

**Official documentation of college misinformation or emergency circumstance such as, accident, injury, or situation which could not be influenced, planned for, or prevented by the student.**

*\*Please note printed/published material, such as registration forms, guide sheets, class schedule information, web directions, and the catalog take precedence over verbal information.*

Objective of appeal:

Explanation: (attach additional pages if necessary)

By signing this form, I affirm that I have reviewed OTC’s fee appeal policy and understand the criteria that is required to submit an appeal. I understand that if I do not provide sufficient supporting documentation that my appeal will not be processed. If my appeal is approved, I will be responsible to immediately repay any unearned financial aid. I also acknowledge that bookstore charges cannot be appealed, therefore I will be responsible for the debt incurred by the bookstore. I will receive notification from the college that we have received my appeal and the college will then also notify me in writing within 45 business days of the committee’s decision. By signing this appeal form, I acknowledge I understand that the committee’s decision is final and may not be appealed.

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

**Return completed, signed form and supporting documentation to OTC Student Account Services**:

By mail: 1001 E. Chestnut Expy, Springfield, MO 65802.

By email: [cashhelp@otc.edu](mailto:cashhelp@otc.edu)

For Office Use Only

Date Received: Enter Date Received