Registration & Refund Appeal Form

Student Information



The purpose of this appeal is to assist students who, through one of the extenuating circumstances listed below, withdrew from one or more courses during a given semester.

Appeals will only be considered for one of the following reasons: documented medical emergency, documented personal emergency, documented military relocation or deployment, or incorrect advisement for your program of study. Appeals are expected to be submitted during the term for which the appeal is being made. Appeals received for a course(s) that occurred in the prior academic year will not be reviewed.

Appeals will be reviewed by the Appeals Committee, and the decision will be made in writing to the student with a copy of the decision kept on file at the attending Registrar's Office.

All appeals will be reviewed within 30 days after receipt of all required and supporting documentation. Response times may vary depending on the volume of appeals at the time of your request.

Last Name:	First Name:	
Street Address:		
City:	State:	Zip:
Date of Birth:	Banner ID:	@
Phone Number:	Campus:	
College Email:		
Appeal Information Please select the semester for this appeal, and a redocumentation for each reason is listed below.	eason for your a	appeal. Required
Please select the semester for this appeal, and a re	eason for your a	appeal. Required
Please select the semester for this appeal, and a redocumentation for each reason is listed below.	eason for your a	appeal. Required
Please select the semester for this appeal, and a redocumentation for each reason is listed below. Semester/Year:	eason for your a	appeal. Required

Banner ID: @ Last Name

In the space provided below, please provide any additional information that is relevant to this appeal request (including the courses for which you are requesting this appeal).
Attestation
By signing below, I/we certify that all information reported on this form is complete and accurate. I further agree to submit any other requested documentation to substantiate this request. I understand that if I purposely give false or misleading information and/or fraudulently sign this form, I may be fined, sentenced to jail, or both. I also understand giving false or misleading information is a violation of Student Code of Conduct.

Submission Instructions

Student Signature

Appeals documents (including this form) must be submitted at one time, and uploaded through the CSCU Secure portal at https://cscu.easy-forward.com. Once logged into the portal select your campus, and then select "Tuition Appeal" from the Appeals options. Appeals sent outside of the secure portal will not be reviewed. The Appeals Committee reserves the right to request additional documentation, as needed.

Date

All appeals will be reviewed within 30 days after receipt of all required and supporting documentation. However, response times may vary depending on the volume of appeals at the time of your request. Do not disregard any college bill due date while awaiting your appeal decision.

Students who wish to appeal the decision of the Appeals Committee may request a review by the Associate Vice President of Enrollment & Retention Services (or designee). These requests should be made in writing to RefundAppeals@ct.edu.

Supporting Documentation Provided: Appeal Outcome:

Committee Initials: Date Reviewed: