



STUDENT ACCOUNTS
FINANCIAL APPEAL FORM

As a student, you are responsible for charges and payments to your account. In extenuating circumstances, a student may be eligible for a refund of tuition and fees paid or a reduction in outstanding charges owed to Umpqua Community College .

Extenuating circumstances may include the following:

- Death of an immediate family member (mother, father, sibling, child, spouse or grandparent). A copy of the death certificate or newspaper obituary is required.
- Medical emergency which results in the inability to attend class. A signed letter from the physician including dates of illness or admission to hospital is required.
- An unavoidable change in the student’s conditions of employment. Documentation required.
- Active military service, including active duty for training. Deployment papers required.
- For any other extenuating circumstances, attach documentation which supports your appeals request.

The Student Account Appeals Process must be initiated within 90 days of the charge being posted to your account or within 90 days of the official term start date; whichever is later. In certain circumstances such as military leave and medical emergencies, this deadline may be extended. To file an appeal, this form **must be completed** by the student **with all** supporting documentation attached and submitted:

- In person: Student Accounts Office
- Mail: Umpqua Community College
Attention: Student Accounts Office
PO Box 967
Roseburg, OR 97470-0226
- Email: student.accounts@umpqua.edu
- Fax: 541-440-7707 Attention: Student Accounts

Incomplete appeals will be returned. Your appeal will be reviewed by the Student Accounts Financial Appeals Committee during their monthly review. You will receive written notification within two weeks following the appeals meeting. If you are unsatisfied with the committee’s decision, a further appeal may be filed with the office of the President.

STUDENT INFORMATION		
Name(Please print)	Student ID:	
Current Address		
City:	State:	Zip:
Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Message	
Which term and year are you appealing charges?		
Did you receive any of the following for the year or term in question? Please check all that apply		
<input type="checkbox"/> Grants <input type="checkbox"/> Veteran’s benefits <input type="checkbox"/> Scholarships <input type="checkbox"/> Loans <input type="checkbox"/> Tuition Waiver <input type="checkbox"/> Emergency Loan		
Did you charge purchases from the bookstore to your account? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Appeals Committee Evaluation and Recommendation	
Date Reviewed:	
Year:	Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Action recommended: <hr/> <hr/> <hr/> <hr/>	
Charges adjusted: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% or <input type="checkbox"/> other : <input type="checkbox"/> No adjustment	
Denial reason (check all that apply): <input type="checkbox"/> Student failed to officially drop class(es) by the deadline. <input type="checkbox"/> Documentation provided does not support appeals claim. <input type="checkbox"/> Records reviewed does not support appeals claim. <input type="checkbox"/> Medical documentation provided does not support appeals claim. <input type="checkbox"/> Other: _____	
Committee Chair Signature:	Date:

CFO Review and Approval	
Date of Review	
After review, I <input type="checkbox"/> Agree with Committee's Recommendations or <input type="checkbox"/> Amend the recommendation by: <hr/> <hr/> <hr/> <hr/>	
CFO Signature:	Date: