

## **Request for Exception to Refund Policy**

Student information	
First Name Middl	e Name
Last Name ctcLir	nk ID Number
Email Address Phon	e Number
Quarter information	
Which quarter is this request for? □Fall* □Winter* □Spring* □	Summer* Year: *
Exception to Refund Policy	
This form is for students who are requesting an exception to EvCC's re Requests must be submitted with the required documentation by the la for Fall classes must be submitted by the last day of the following Wintenot be considered.	fund policy due to medical or military circumstances. st day of the following quarter. For example, request
The College's standard refund deadlines are described on the web, in handouts, in the class schedule, and the catalog. Students who wish to be considered for a refund beyond those regular deadlines <b>MUST</b> complete <u>all</u> the following steps:	
<ul> <li>☐ Withdraw from the course(s).</li> <li>☐ Submit this petition after it is fully completed.</li> <li>☐ Submit a written statement detailing your situation and request with</li> <li>☐ Include supporting documentation (see below)</li> </ul>	dates and why you are requesting an exception.
Failure to complete the steps above will result in denial of the request.	
Requests are given the strongest consideration in the following circumstances. <u>Select all that apply</u> :	
<ul> <li>A severe and unexpected illness which began during the term, and prohibits your ability to complete the courseword</li> <li>Attach documentation from medical professional on clinic/hospital letterhead with detailed doctor's information. Documentation should clearly indicate the start date of the condition/illness. This documentation must be signed by the medical professional. The committee will not accept lab or treatment documentation or information from online patient portals such as MyChart.</li> </ul>	
<ul> <li>□ Call to active military duty due to national emergency</li> <li>○ Attach Military Orders if called to active duty due to national emergency.</li> </ul>	
This request must be <b>fully</b> completed and submitted with the supporting documents in person to the Enrollment Services office, via email to <a href="mailto:registration@everettcc.edu">registration@everettcc.edu</a> , or through the online form at www.everettcc.edu/StudentForms.	
Limited other circumstances such as death of an immediate family member may be considered if submitted with supporting death certificate or obituary as well as documentation showing your relationship to the deceased.	
Submitting a petition does not guarantee its approval. Submissions are administrators. The committee meets to review petition materials once decision via e-mail.	· · · · · · · · · · · · · · · · · · ·
By signing this request, you agree that you have read this document and have attached the necessary documentation.	
Signature: Date:	

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