

## Criteria and Instructions

If unforeseen circumstances force a student to withdraw completely from the College after the official refund deadline, the student may request a partial tuition refund. Only tuition may be refunded; fees will not be refunded. To be eligible for a special provisions refund, the student must withdraw from all courses and must request the refund in writing via a Campus Admissions Office. If the student attends classes at more than one Campus, he or she may submit the request at any Campus. However, if a request is denied, it is considered denied at all locations.

Special provisions refunds are to be requested during the semester in which the withdrawal occurs. If a student provides documentation showing that he or she could not physically request the refund during the semester in question, the special provisions refund withdrawal period may be extended for up to six months. Requests submitted more than six months after the semester concludes will be denied.

When a student has been awarded financial assistance, the District Financial Aid Office will determine if the student's aid funds need to be adjusted under the Title IV provisions. The student will be refunded any credit balance created by the adjustment.

The amount of the special provisions refund will be based on the proportional amount of time elapsed before the student withdraws. The available percentages are 75%, 50%, and 25% of the enrollment period. See the Schedule of Classes 'Special Provisions Refunds' for specific information on how the percentages apply to enrollment periods.

Questions should be directed to the Campus Admissions & Registration Office or the District Student Accounts Office.

### Qualifying Criteria:

#### 1. **Serious illness or injury**

Illness or injury qualifies for a Special Provisions Refund when the condition impedes the student's ability to attend class, submit assignments, or complete scheduled exams in a timely manner and causes the student to fall behind to the extent that the student's performance and grade will be impaired as a direct result of the illness or injury. Written verification is required from the student's physician, on the physician's letterhead, verifying that illness or surgery prevents the student from being able to attend classes, or that attending classes would jeopardize the health of other students in class.

#### 2. **Military transfer**

All official military transfers are qualifying events for a Special Provisions Refund. The student must provide a copy of the transfer (TDY) orders dated after the drop/add period.

#### 3. **Death of the student or a family member**

Qualifying family members shall include: spouse, domestic partner, child, stepchild, eligible foster child, adopted child, a direct descendent (for example: grandchild), brother, sister, half brother, half sister, stepbrother, stepsister, parent, step parent, grandparent, step grandparent, and any person who qualifies as an IRS dependent of the student requesting the Special Provisions Refund. The student must provide a copy of the death certificate or an obituary indicating the relationship to the deceased. In the case of the death of a student, the executor of the student's estate must provide a copy of the student's death certificate. The refund will go to the executor.



**Refund Request**

If unforeseen circumstances force a student to withdraw completely from the College after the official refund deadline, a student may request a partial tuition refund. Only tuition may be refunded; fees will not be refunded. If approved, the amount of your refund will be based upon the date of your last withdrawn class. Please attach supporting documentation as indicated in the attached instructions.

To qualify, your circumstances must meet one of the following special provisions criteria (*check one*):

Serious illness or injury

Military transfer

Death of the student or a family member

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print)*

Student ID #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*I declare that to the best of my knowledge and belief, the above information and any supporting documentation are true and correct.*

Signature: \_\_\_\_\_

*If this request is completed by someone other than the student, please sign above and print name below.*

Name: \_\_\_\_\_  
*(Please Print)*

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*This area is to be completed by Pima Community College:*

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Approved by: \_\_\_\_\_  
*(Please Print) Name Title*

Campus: \_\_\_\_\_ Term: \_\_\_\_\_

Copies: Student, Campus, Student Accounts, District Financial Aid Office