



CONTINUING EDUCATION STUDENT ACCOUNT APPEAL

First Name _____ Last Name _____ Student ID _____

PLEASE READ before completing this form. If you were unable to formally drop a class during the designated refund period due to circumstances beyond your control, you may file an appeal. All requirements **MUST** be met before your appeal will be considered.

- **Submission Deadline:** Your appeal must be received by the college within two years from the end of the term you are appealing.
- **Required Documentation:** Write a detailed statement clearly describing the facts. Include documentation that supports the reason for your request, along with any information you believe would be helpful to the committee in making their decision. You **CANNOT** appeal twice for the same circumstance, condition, or illness.
- **Notification:** The outcome of your appeal will be sent to your email address within 30 days of receipt.

My email address (print): _____

Reason for Appeal (Check one)

- Personal injury or illness** (include official physician, hospital, billing statement, etc.)
- Illness or injury of an immediate family member** (include official physician, hospital, billing statement, etc.)
- Death of an immediate family member** (include copy of death certificate or obituary notice)
- Required military transfer or deployment** (provide military orders)
- Student record/account is inaccurate** (provide proof of inaccuracy)
- Other:** _____ (include employer, attorney, landlord statement, etc. (on letterhead))

What Term/Year are you appealing: Summer Fall Winter Spring Year _____

List the Course Title or Course number Instructor name Late Date Attended

List the Course Title or Course number	Instructor name	Late Date Attended

Student Signature _____ **Date:** _____

Submit this completed form, along with your personal statement and supporting documentation, to Continuing Education A Building Redwood Campus, or Mail to: 3345 Redwood Hwy, Grants Pass, OR 97527.