

WAUKESHA COUNTY TECHNICAL COLLEGE

Financial Accounting Service
800 Main Street, Pewaukee, WI 53072
262.691.5283 (Phone)
262.691.5123 (Fax)

Tuition Appeal

Every student is responsible for charges and payments on their account. If a student feels charges on their account are invalid or in error, or if extenuating circumstances (situations outside of the student's control) prohibit the student from attending, the student may submit a tuition appeal to be considered for possible partial or full refund. All appeals must be received no later than two weeks prior to the course or semester end date to which the request applies. Please allow up to 45 days to research and process your appeal. You will receive a letter at the address provided regarding a determination.

INSTRUCTIONS: Please send completed form along with supporting documentation in-person or by mail to WCTC Billing Specialist, Enrollment Center Room C-019, WCTC, 800 Main Street, Pewaukee, WI 53072; or submit by fax to 262.691.5123. Questions? Call 262.691.5283 or email billing@wctc.edu.

STUDENT INFORMATION (please print clearly)

Name	Student ID Number	
Street Address		
City	State	Zip Code
Phone Number	Year and Semester	

Check the appropriate basis of your appeal and provide the appropriate documentation and detailed explanation.

- Serious illness of student or member of student's immediate family:** A signed statement from a physician or mental health professional on the provider's letterhead confirming reason and dates student was unable to attend class. Excuse slips, discharge instructions, disability certificates, copies of invoices, appointment confirmations, etc. are not acceptable documentation.
- Death of an immediate family member:** Submit a death certificate, obituary, or death notice. Documents must clearly indicate the relationship of the deceased to the student.
- Military activation or deployment:** A copy of orders or call to duty is required.
- Other:** Provide a detailed explanation of the circumstances and attach documentation to support your request.

List the course(s) for which you are requesting a tuition appeal:

Course Number	Course Name	Last Date of Attendance

REASON FOR APPEAL (Use back of sheet or attach additional paper.)

Describe the circumstances in detail and attach documentation to substantiate your request.

I certify that the information reported is correct. I understand that failure to supply truthful, adequate and complete information may result in a denial of this appeal with no further rights to appeal.

Signature _____ Date _____



WAUKESHA
COUNTY TECHNICAL
COLLEGE