



# Tuition Adjustment Appeal Form

(ATCC Policy 5.12 Refunds, Waivers and Withdrawals)

This form may be used when a student wants to request an adjustment in tuition due to Alexandria Technical and Community College.

\_\_\_\_\_  
Printed Name Signature

\_\_\_\_\_  
Street Address City State ZIP

\_\_\_\_\_  
Daytime Phone E-mail Address Student ID #

\_\_\_\_\_  
Program/Major/Area Date submitted

Please respond to the following. Use page 2 or a separate sheet if needed.

1. Describe the tuition adjustment that you are requesting.
  
  
  
  
  
  
  
  
  
  
2. Describe the reason for your tuition adjustment request. (Submitting supporting documentation is encouraged.)

<b>Recipient Use Only</b>	
Date Complaint Received: _____	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Declined	
ATCC Administrator/Respondent: _____	Date: _____

The college is asking you to provide information which includes private information under State and Federal law. The information is optional; however, if you refuse to provide some or all of the optional information, the college may not be able to process your request.

Include any additional information on this page, if needed.