



Student Appeal for an Emergency Withdrawal or Tuition Refund

Student Name: _____ Student ID# _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

The Emergency Withdrawal and Tuition Refund Policy can be found online at:
<https://www.csmd.edu/about/policies/involuntary-withdrawal-policy.html>.

What type of appeal are you requesting?

☐

Retroactive drop to the refund period

You are requesting to drop your courses without any grades appearing on your transcript. The tuition charges for the courses will be removed from your account, however you will still be responsible for payment of any non-refundable fees and any accrued charges such as bookstore purchases.

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Late withdrawal

You are requesting to withdraw from courses. A grade of WD will appear on your transcript. You are still responsible for the tuition for the courses including any balance after financial aid adjustments as well as any non-refundable fees and any accrued charges such as bookstore purchases.

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Adjustment of tuition charges

You are requesting an adjustment to your tuition charges. There will be no changes to your registration status (i.e. you remain enrolled in the courses).

Do any of the following apply?

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Financial Aid Recipient

☐

Veterans Education Benefits Recipient

☐

Employer Tuition Assistance Recipient

Course information (example: Fall 2020, HST-1032-87654)

Term / Year: _____

Course & Section Number _____

Term / Year: _____

Course & Section Number _____

Term / Year: _____

Course & Section Number _____

Term / Year: _____

Course & Section Number _____

Term / Year: _____

Course & Section Number _____

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Reason for Appeal

- ☐ **Illness of student or immediate family member**– (Immediate family includes, a spouse, parent, child or other member of the student's household.) Certification must be provided by the student's or family member's attending physician stating that the student's or family member's illness requires the student's withdrawal. Physician's note must be on professional stationary, specify dates of treatment, and clearly indicate that ill health made it impossible for student to continue enrollment in classes.
- ☐ **Military deployment** – Must provide copies of military orders signed by the individual's commanding officer or another appropriate official to show proof of effective date.
- ☐ **Death of student or immediate family** – (Immediate family includes, a spouse, parent, child or other member of the student's household.) Appropriate substantiation must accompany the request for withdrawal. Examples include a death certificate, notice, newspaper article, or funeral program. Relationship to student must be clearly indicated in documentation.
- ☐ **Involuntary change/transfer in work hours** – A letter from the supervisor must be provided and appear on company letterhead, indicate effective date of change in work schedule, and outline new work schedule.
- ☐ **Other** – These appeals require highly extenuating circumstances that were outside of the students' control. Be thorough in explaining in your statement.

Please submit your appeal, explanation of the situation and required supporting documentation to:

Email: appeals@csmd.edu

Mail: Student Appeals – REG, PO Box 910, La Plata MD 20646

In Person: **La Plata:** Hawk Hub, SR Building Lobby

Prince Frederick: Welcome Center, PFA Building Lobby

Leonardtown: Welcome Center, C Building Lobby

By submitting this form, I am confirming that I understand that College of Southern Maryland only grants registration appeals under extraordinary circumstances. It is the student's responsibility to drop his or her courses prior to the established deadline. After the published deadline, appeals to the policy must be made by using this form and submitting it as indicated above. A written statement of explanation and supporting documentation must be included. Appeals without supporting documentation will be denied. Refunds are generally not granted if the student's tuition balance has been sent to the State of Maryland's Central Collection Unit (CCU).

If your emergency withdrawal or tuition refund is approved, you may receive a pro-rated refund of tuition based on your date of withdrawal, last date of attendance, and/or effective date of your situation as documented above. Please allow 3-4 weeks from submission to receive notification of the student appeals committee decision.

Signature: _____

Date: _____