



NORTHEAST STATE

Refund Appeal Form

Return completed form to: Bursar
Northeast State Community College
P.O. Box 246
Blountville, TN 37617-0246

For Student Use

Complete the following:

_____	_____	_____	_____
Last Name	First	MI	Date
_____			_____
Street Address			Student ID Number
_____	_____	_____	_____
City	State	Zip Code	Phone Number
Date of withdrawal: _____			Appeal Term (term, year): _____

**REASONS FOR CONTESTING REFUND POLICY:
(PLEASE TYPE OR WRITE IN INK AND USE BACK OF FORM IF NEEDED).**

It is the student's responsibility to provide written documentation substantiating the reason(s) for the appeal. Withdrawals or reductions in course load due to personal illness/injury require a statement from a licensed medical physician stating withdrawal was necessary due to the health of the student. A death in the immediate family must be verified with a copy of the obituary. Immediate family includes spouse, child, step-child, parent, step-parent, foster parent, parent-in-law, sibling grandparents and grandchildren. Other reasons must be supported by written documentation.

STUDENT SIGNATURE: _____ **DATE:** _____

Business Office Use Only

Approved Refund percentage or amount: _____
Denied Reason: _____
Signature: _____ Date: _____

The refund percentage shown is for refundable fees in compliance with the Institutional Refund policy as approved by the Tennessee Board of Regents.