



Student Appeal of Charges Form – Section 1

OCCC Student ID Number

Student Name (please print)

SECTION 1 – Course Information	TERM AND COURSE INFORMATION	
	Term for appeal* Year _____	Late Early 16 week (circle one)
		Fall Spring Summer (circle one)
	Course(s) Appealing: _____	
<p>*Submission deadline: 120 days after the end of the term (April 20 for Fall terms, September 20 for Spring terms, and November 20 for Summer terms).</p>		

SECTION 1 – Reason for Appeal of Charges Request	CIRCUMSTANCES THAT SUPPORT AN APPEAL OF CHARGES	
	<p>**You MUST INCLUDE A WRITTEN "LETTER OF APPEAL" THAT DESCRIBES THE REASON(S) FOR YOUR REFUND APPEAL REQUEST.**</p> <p><i>Below are examples of extenuating circumstances in which The OCCC Refund Appeal Committee will consider requests for reduction of charges. Student must have officially withdrawn from the class(es) for which the appeal is being submitted AND must provide supporting documentation showing extenuating circumstances, over which the student had no control or prior knowledge, which prevented the student from withdrawing during the designated refund period. You can access additional information regarding the tuition refund process on the Bursar's website under "refunds." Appeal must be filed within 120-days of the end of the term being appealed (April 20 for fall terms, September 20 for spring terms, and November 20 for summer terms).</i></p> <p>Please check the box(es) to which your refund appeal applies.</p>	
	<input type="checkbox"/>	<p>Significant illness or injury that required the student to withdraw from the College. The appeal request must include a copy of the Health Documentation Form completed by the student's licensed health care professional. The Health Documentation Form can be found at the bottom of the tuition refund information page at http://www.occc.edu/bursar/refunds.html. <i>Please DO NOT include detailed medical documentation such as current medication, x-rays, photos of an injury, or other documents related to your condition.</i></p>
	<input type="checkbox"/>	<p>Significant illness or injury of an immediate family member that required the student to withdraw from the College. The appeal request must include a copy of the Health Documentation Form completed by the student's/family member's licensed health care professional. The Health Documentation Form can be found at the bottom of the tuition refund information page at http://www.occc.edu/bursar/refunds.html. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, or grandparent. <i>Please DO NOT include detailed medical documentation such as current medication, x-rays, photos of an injury, or other documents related to the immediate family member's condition.</i></p>
	<input type="checkbox"/>	<p>Death of an immediate family member. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, or grandparent. The appeal request must include documentation of death (i.e., death certificate or obituary) and the student's relationship to the deceased.</p>
	<input type="checkbox"/>	<p>Mandatory change in work schedule/Financial Hardship due to Loss of Job. The appeal request must include employer verification with date of schedule change or termination date, on company letterhead.</p>
	<input type="checkbox"/>	<p>Military duty/deployment. The appeal request must include a copy of student's deployment orders.</p>
	<input type="checkbox"/>	<p>OCCC institutional error. The appeal request must include written confirmation on letterhead from OCCC faculty/staff regarding the nature/circumstances of the error, which prevented the student from dropping the class in a timely manner.</p>





OKLAHOMA CITY
COMMUNITY COLLEGE
BURSAR OFFICE

Student Appeal of Charges Form – Section 2

OCCC Student ID Number

Student Name (please print)

SECTION 2 - Current Address	ADDRESS INFORMATION <input type="checkbox"/> Check here if new/updated address.			
	_____ Street Address		_____ Phone Number	
	_____ City	_____ State	_____ Zip	_____ Email Address @my.occc.edu

SECTION 2 – Appeal Submittal	SUBMITTING THE APPEAL		
	Completed appeals can be submitted in person in the OCCC Bursar Office or		
	By mail: OCCC Attn: Bursar’s Office/Appeals 7777 S May Ave. Oklahoma City, OK 73159	By fax: OCCC Bursar Attn: Appeals (405) 681-4785	By email: Subject: Appeals BursarAppeals@occc.edu
*Submission deadline: 120 days after the end of the term (April 20 for Fall terms, September 20 for Spring terms, and November 20 for Summer terms).			

SECTION 2 – Student Signature	STUDENT ACKNOWLEDGEMENT/SIGNATURE	
	All tuition refund appeal requests must include a "Letter of Appeal" written by the student that describes the reason(s) and justification for the refund appeal and supporting documentation verifying appeal reason as noted in "Section 1 – Reason for Appeal of Charges Request". <i>By signing below, I (the student) confirm 1. I have read the "Student Appeal of Charges Information Sheet and understand the Committee's decision is final. 2. I have included my "Letter of Appeal" AND supporting documentation to this Tuition Refund Appeal request. Appeals submitted after the submission deadline noted above or if you have not dropped/withdrawn from course(s) or fail to include Letter of appeal and/or supporting documentation with appeal submission your appeal will be denied and not submitted to committee for review.</i>	
	_____ Student Signature	_____ Date Submitted

Completed by OCCC Bursar Staff (FOR OFFICE USE ONLY)	
Received: ARAC _____ initial _____ date	Logged in: CRI comments _____ initial _____ date HLKW

Revised 4/8/22 HLKW

