



REQUEST FOR TUITION ADJUSTMENT FORM

STUDENT INFORMATION

Name: _____

Address: _____

Student ID Number: _____

Telephone Number: Home Cell: _____

Email Address: _____

Semester You Are Appealing:

Fall 20_____ Winter Intersession 20_____ Spring 20_____ Summer 20_____

A request for Tuition Adjustment Form must be submitted to the Vice President of Enrollment Management and Student Development Office as soon as possible, but no later than one year after the incident. Only tuition, general service fees, and technology fees are refundable. Specific course fees and deposits are non-refundable. No appeal of Bookstore charges will be allowed.

You must submit an appeal in writing **including supporting documentation** to: Vice President of Enrollment Management and Student Development Office Tuition Adjustment Appeals Committee, Luzerne County Community College, 1333 South Prospect Street, Nanticoke, PA 18634 or by email to registrar@luzerne.edu. If your request is submitted by e-mail you may submit your supporting documentation by fax to: (570)-740-0356. Please include your name and Student ID Number on your faxed documentation. Please make copies for your records, the College will not return your documentation.

Please be aware that if Financial Aid has been paid to your account, you may owe funds to the College or may have to repay any financial aid you received.

I declare the foregoing to be to the best of my knowledge and belief, an accurate statement of facts. It is understood that any false statement(s) may be sufficient reason for dismissal of my appeal.

SIGNATURE OF STUDENT: _____ **DATE:** _____

College Official Use only

Committee Approved _____ Committee Denied _____ Date _____