Petition for Review of Tuition Charges and/or Record Changes

Students sometimes face unusual or extenuating circumstances that prevent them from finishing a course or semester or otherwise complying with institutional deadlines. A Review Committee meets monthly to examine petitions made by students regarding retroactive record changes (e.g. medical withdrawal) and/or full or partial charges of tuition and fees. A student’s petition, which includes a detailed letter, completed form and documentation of the unusual or extenuating circumstances, can be submitted to the Registrar’s Office. All petitions must be submitted within six weeks after the end of the semester in question. Absent serious extenuating circumstances, requests submitted beyond six weeks after the end of the semester will not be considered. Because tuition insurance is recommended, petitions for removal of tuition charges are rarely approved even if the committee decides to approve a change to the academic record. If a petition for refund is granted, changes will be made retroactive only to the last date of attendance, and tuition charges will be adjusted according to Westminster College’s posted refund schedule found on the Student Account Services webpage. Reevaluation by the student’s physician or counselor may be required prior to re-enrollment.

Following these guidelines, the Review Committee will either approve or deny all petitions. A student who thinks there has been unfair bias or encountered a procedural error made by this committee may appeal it in writing within ten calendar days to an Appeals Committee chaired by the Vice President for Finance and Administration. The decision reached by this committee is final.

NOTE: The Review Committee cannot change rules regarding the amount of federal financial aid that must be returned when a student does not fulfill program requirements. Students are encouraged to read “Withdrawing and Its Effect on Financial Aid” section in the academic catalog (https://catalog.westminstercollege.edu) and call or visit the Financial Aid Office to determine specific implications for anticipated registration changes. In many cases, if a student withdraws from classes both the federal and institutional financial aid award may be adjusted and all unpaid tuition resulting from the cancellation will become due immediately.

Instructions for submitting a petition to the Review Committee

- Submit in writing a detailed letter (usually 1-3 pages in length) describing your reason for the petition and what you are requesting of the college. It is essential that the student include as many details as possible. In addition, the student should specifically state what they are requesting of the College regarding grades, scholarships, account, etc.
- Submit documentation of extenuating circumstances. This can include documents such as a letter from a medical professional, instructor, obituary, or any other documents supporting the petition. A letter from a medical professional (M.D., LCSW, FNP, Counselor, etc.) should include the following: (1) Medical professional’s name, title, phone number and address. (2) A clear summary of the diagnosis and how/why this condition is affecting the student’s academic pursuits. (3) A detailed account of when the medical professional saw the student.

Please forward all information via email, mail, or fax to:

Westminster College
Office of the Registrar
1840 South 1300 East
Salt Lake City, UT 84105
Fax: (801) 832-3111
Phone: (801) 832-2180
Email: registrar@westminstercollege.edu
Petition for Review of Tuition Charges and/or Record Changes

Submit this completed petition along with a detailed letter and documentation of extenuating circumstances to the Registrar’s Office.

Student name ___________________________ Student ID# ___________________________

Petition information

Term (please circle one)  Fall  Spring  May  Summer  Year 20 _____

Describe the resolution sought through this petition: ________________________________________

__________________________________________________________________________

__________________________________________________________________________

Action requested:

☐ Apply Credit/No Credit retroactively
☐ Withdrawal for extenuating circumstances
☐ Tuition refund
☐ Other: ________________________________________________________________

Course information

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Student signature ___________________________ Date __________

Office use only

Decision information  ☐ Approved  ☐ Denied  ☐ Not considered

Notes: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student ID# ___________________________ Holds? no yes _______ Date entered __________ Entered by ___________________________