

SUFFOLK COUNTY COMMUNITY COLLEGE

REQUEST FOR A REFUND/ADJUSTMENT OF FINANCIAL LIABILITY

Directions: Complete all requested information, attach supporting documentation, and submit to the Office of the Dean of Student Services on the campus where the classes in question are being taken.

Name _____ ID# _____ Phone _____

Address _____

1. Did you receive financial aid or a student loan? Yes _____ No _____

2. Did you officially withdraw from classes at the Registrar's Office? Yes _____ No _____

If 'Yes,' attach withdrawal form.

If 'No,' please officially withdraw and attach form unless unable to do so.

Please list the course(s) for which you are requesting a refund/adjustment of financial liability.

<u>Sem/Yr</u>	<u>Campus</u>	<u>Catalog #</u>	<u>Section #</u>	<u>Credit</u>	<u>Last Date of Attendance</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Briefly describe why you believe a refund/adjustment of financial liability is warranted. Please type or print clearly. Attach all required supporting documentation.

Student Signature _____ Date _____

– **For Office Use Only** –

Financial Aid Review and Recommendation: _____

Final Determination: _____ Initials _____ Date _____