

## STUDENT REQUEST FOR FEE ADJUSTMENT

### *General Information and Instructions:*

1. Student or other Appellant should complete this form and mail to:

Nashville State Community College  
Bursar's Office  
120 White Bridge Road, Room S203  
Nashville, TN 37209

OR, deliver to the Office of the Vice President of Finance & Administrative Services, Room W-28 in the Weld Building.

2. College fees, charges, or fee adjustments may be appealed on this form. **Appeal forms for traffic citations are available in the Security Office.**
3. The College has published policies on most fees, charges, and fee adjustments. This information is available on the information page at [www.nsc.edu/financial-aid-tuition/tuition-costs](http://www.nsc.edu/financial-aid-tuition/tuition-costs). *Your explanation should attempt to show why an **exception to the published policy is justified**.* Requests that simply disagree with the policy are usually not granted.
4. The College fee adjustment policy is based entirely upon the official date of the withdrawal or change of schedule which would result in a fee adjustment. Fee adjustments beyond the specified dates or percentages indicated in the "Schedule of Classes" **will not be made for reasons such as employment conflict, on-going health or medical problems, moving out of town, or other reasons which are beyond the College's control or responsibility.**
5. If you are requesting an exception to the policy stated above, **PLEASE SUBMIT SUPPORTING DOCUMENTATION WITH THIS FORM.** For example, a statement from an advisor is needed when an advising error is the basis of the request; a statement from a medical professional on letterhead and including applicable dates is required when based on an unforeseen medical condition. **If additional information is needed, a request will be made to the student's MY NSCC EMAIL address which the student lists on this form.**
6. The Refund Appeals Committee will determine if proper College policies have been followed and may make an adjustment based on their review and recommendation; a final determination is made by the Vice President of Finance and Administrative Services after a review of the Committee's recommendations. **A written decision will be sent to the student's MY NSCC EMAIL address which the student lists on this form.**

**\*\*\*PLEASE NOTE: This process usually takes 4 - 6 weeks for processing due to the research conducted on each request submitted.**

[Please read INSTRUCTIONS on previous page prior to completing information below.]

**STUDENT INFORMATION FOR REQUEST FOR FEE ADJUSTMENT**

Name: \_\_\_\_\_  
MY NSCC Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College ID/A #: A \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Cell Phone : \_\_\_\_\_

Adjustment Being Requested (please check one):     100%    75%    50%    25%  
 Deferred Payment Status/Late Fees  
 Dismissal of Charges

Fee or Charge Being Appealed (please check one):

<input type="checkbox"/> Deferred Payment Late Fees	<input type="checkbox"/> Registration Fees/Advising Error
<input type="checkbox"/> State Employee Fee Waiver	<input type="checkbox"/> Registration Fees/Death in Family
<input type="checkbox"/> State Employee Dependent Discount	<input type="checkbox"/> Registration Fees/Employer Conflict
<input type="checkbox"/> Teacher Dependent Discount	<input type="checkbox"/> Registration Fees/Unforeseen Medical Issue
<input type="checkbox"/> Other (Please specify): _____	<input type="checkbox"/> Registration Fees/Military
	<input type="checkbox"/> Registration Fees/Other
	<input type="checkbox"/> Registration Fees/Late Fee

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Semester for which you are requesting a fee adjustment (example: *Fall 2013*)  
                    FALL \_\_\_\_\_                      SPRING \_\_\_\_\_                      SUMMER \_\_\_\_\_

Course(s) for which you are requesting a fee adjustment (please list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any extenuating circumstances (attach additional pages if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_                      DATE: \_\_\_\_\_

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**OFFICE USE ONLY** (do not write below this line):

Date Received: \_\_\_\_\_                      Date Scanned: \_\_\_\_\_  
Date Transmitted: \_\_\_\_\_                      Date Completed: \_\_\_\_\_

REFUND TRACKING NUMBER: \_\_\_\_\_

Cc: Bookstore Manager  
Cc: Bursar  
Cc: Records Office

Revised July 15, 2013