

Petition Form: Instructions

IMPORTANT! Please read the below instructions before submitting your petition form.

- Turnaround time for petitions is approximately one week. Decisions regarding the petition will be sent to your COSC email only.
- It is a student's responsibility to check with Financial Aid, Bursar's Office, Advising, and the bookstore, etc., regarding ramifications involved in Petitioning.
- Please be aware if requesting late registration into a course that you will be charged a late registration fee.
- Appeals without documentation will not be considered.
- Student has 30 calendar days from the end of the semester to request a financial petition.



PLEASE RETURN THIS COMPLETED FORM TO:
Attention: Registrar's Office
185 Main Street, New Britain, CT 06051
Fax: 860.760.6918 | Email: registrar@charteroak.edu

Petition Form

Last Name First Name MI ID Number

Street Address City State Zip

Phone Number

- **Are you receiving Financial Aid:** __ Yes __ No
- **Semester that is being appealed:** __ Spring __ Summer __ Fall Year: _____
- **Type of Request (check one):** __ Academic __ Financial

Section 1: CIRCUMSTANCES THAT SUPPORT AN APPEAL

REQUIRED: Please check the box(es) to which your refund appeal applies:

☐ **Significant Illness or Injury** that required the student to withdraw or be withdrawn from courses. The appeal application must include a letter from a licensed health professional listing the medical issues of the student along with the dates of illness or injury. Please do not include detailed medical documentation such as current medications, x-rays, photos of injury, or other documents covered under HIPPA.

☐ **Significant Illness or injury of an Immediate family member** that required the student to withdraw or be withdrawn from courses. The appeal application must include a letter from a licensed health professional listing the medical Issues of the family member and the student's role as caregiver. Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother - in-law, sister-in-law, or legal guardian. Please do not include detailed medical documentation such as current medications, x-rays, photos of injury, or other documents related to the immediate family member's condition.

☐ **Death of an immediate family member or guardian.** Definition of immediate family: mother, father, brother, sister, child, spouse, domestic partner, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, or legal guardian. The appeal application must include documentation of death (i.e., copy of death certificate or obituary) and the student's relationship to the deceased.

☐ **Other.** The appeal application must include detailed information regarding the nature/circumstances of the issues for which the student is appealing, along with documentation to support student claims.

Section 2: REQUIRED INFORMATION: Please give a detailed and specific explanation below of what you are requesting and your reasons why you wish the appeal to be approved.

By signing this petition form, students acknowledge that they are responsible for all fees that might incur as a result.
(Electronic signatures accepted only from Charter Oak email. Otherwise, please sign and scan/mail copies.)

Student Signature: _____ Date: _____

OFFICE USE ONLY

Bursar/Registrar Comments: _____

Is student receiving Financial Aid: ☐ Yes ☐ No Financial Aid Signature: _____

Impact on Financial Aid: _____

APPROVAL/DENIAL SECTION:

Reviewer: ☐ Registrar/Provost ☐ Bursar/CFO **Status:** ☐ Approved ☐ Denied

Comments _____

Signature _____

Date _____

CC: Registrar for final processing