

REVIEW OF CHARGES/REDUCTION IN TUITION REQUEST PROCESS

YOUR PART

1. Submit your request and include in as much detail as possible the circumstances surrounding your request. If the reasons for withdrawal were medical or personal in relation to a death or tragedy, <u>please include documentation regarding the incident</u> (hospital bill, doctor's note, obituary, etc.)

2. Make sure that you indicate your student status: seeking to return, not seeking to return, or undecided.

3. In your request, if you are seeking to return to Northern, indicate how you intend to pay for your next semester. Third Party Payment, Financial Aid, Out of Pocket are all reasonable answers. If you are using a third party payer, attach a copy of your documentation to the request showing approval for their payment. If you're seeking to use Financial Aid, please provide proof that you submitted your FAFSA for the aid year in which you're applying to Northern (this can be the confirmation email FAFSA sends to you.) If you're paying out of pocket, explain how you intend to make your payments for the upcoming semester (pay in full, 4-installment payment plan, etc.)

4. If you are undecided about your return to Northern, please indicate why you are unsure about your return.

5. PLEASE INCLUDE YOUR CURRENT ADDRESS AND CONTACT NUMBER—this is how we will notify you of our decision.

OUR PART

Once you have submitted your request at your local campus or by email to StudentAccounts@wvncc.edu, we diligently try to meet with the committee and make decisions on requests within 7-10 business days. Before holidays, decisions could take 2.5 weeks. For an update on your request, you may contact your local campus service center or call Student Accounts. We strive to notify students with 2 days of when a decision is made.

Wheeling Campus Service Center - 304.214.8831 (Margaret DeCola)
New Martinsville Campus Service Center - 304.510.8762 (Bob Gibb)
Weirton Campus Service Center - 304.723.7508 (Tina Edwards)
WVNCC Student Accounts - 304.214.8843 (Dennis Thorn)

Date Rec'd By WVNCCBO

Date Processed and Ent'd into Banner



REQUEST FOR REVIEW OF CHARGES								
STUDENT					STUDENT ID/SSN:			
NAME:								
	LAST,	FIRST	MI					
Address:					Phone:			
TERM TO BE REVIEWED:					BALANCE DISPUTED:			
Reason for		Personal	Charges		Tuition	Student		Seeking to
request (Check		Medical	Disputed		Fees	Status		return
all that apply)		Withdrawal/Financial			Tuition			Not seeking to
		Aid Recalculation			and Fees			return
		OTHER			OTHER			Undecided
			h additiana		CHARGES	o o d o d)		
REASON FOR REQUESTED REVIEW/DISPUTE: (attach additional documentation as needed)								
STUDENT SIGNAT					r	DATE:		
STODENT SIGNAT	OKL.				L	JATE.		
FOR INTERNAL USE ONLY								
AUTHORIZED SIGNA	ATURE:	FUR	INTERNAL	UDEUN		DATE:		
	oproval	Amount approve	ed:			Denial		
Additional details/notes:								