

TUITION ADJUSTMENT APPEAL FORM 2025-2026

Purpose

In the event that a **medical or family emergency** prevents a student from obtaining a tuition adjustment according to the college's refund schedule, the Tuition Adjustment Advisory Committee (TAAC) reviews appeals for financial adjustments in a timely, fair, and reasonable manner. The goal is for the student to be able to continue their education at the College. Appeals will be accepted for the current term only.

Important Information

In all cases, the student must demonstrate their situation interrupted their ability to:

- Adhere to the College's withdrawal procedure (Administrative Procedures 1.202 and 2.102)
- Complete coursework successfully

Only one appeal may be approved during a student's entire academic career at ECC. The decision of the TAAC is final.

Deadlines

Appeals must be submitted by the following deadlines:

• Summer term: August 31, 2025

• Fall term: December 31, 2025

• Spring term: May 31, 2026

Examples of reasons for appeals not being accepted:

- Appealing for non-refundable registration fees
- Change in employment
- Issues between the student and the instructor
- Disciplinary action
- Unaware of drop schedule
- Nonattendance to registered courses
- Refund voiced by instructor or dean of the division.
- Incorrect or unnecessary enrollment in a course

Instructions:

Complete this form, check the boxes below, and submit with the appropriate documentation.

Name:		Date:	/	/	Student ID: _		
Address:		City:				_ State:	
Semester: Summer 2025	Fall 2025	Spring 2026					
Course(s):							
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Check 6	each bo	ox to confirm:				
=		e to withdraw from the impacted course(s) before submitting the TAAC appeal.				
=		medical or family box below and complete as indicated.				
	Attach appropriate documentation, along with a Student Written Statement as required and specified below. All					
	isidere	ration must be in English or translated into English. Appeals without documentation will not be d.				
<u> </u>						
Select v	which o	qualifying event the student is submitting documentation for:				
	Medic	cal emergency:				
	0	Definition: Medical illness or injury occurring during the academic term which prevented the student				
		from successfully completing their coursework.				
	0	Documentation required: All appeals must be accompanied by medical documentation meeting the				
		following protocol:				
		 Letter on official medical provider letterhead 				
		Clearly states diagnosis				
		 Clearly shows the date range the diagnosis impacted the student, and states that the student was unable to participate in coursework because of this 				
		 Medical physician or medical provider professional signature required 				
	0	Student Written Statement: In their own words, the student will provide a written statement explaining				
		how the illness or injury impacted their ability to successfully complete coursework. This statement				
		should include dates of services or procedures. Use back of form or attach documents as needed.				
	Family	y emergency:				
	0	Definition: Documented that the student became the primary caretaker for a family member's illness or				
		a death of a family member during the term of enrollment. For TAAC purposes a family member is a parent, child, spouse, sibling or grandparent.				
	0	Documentation required: Signed statement from an outside physician or medical provider on their				
	-	letterhead indicating the dates of illness and need for a caregiver. In the case of a death, copy of the death certificate or obituary.				
	0	Student Written Statement: In their own words, the student will explain their relationship to the family				
	O	member and how their illness or death impacted the student's ability to successfully complete				
		coursework. Use back of form or attach documents as needed.				
		coursework. Ose back of form of accash accaments as needed.				
Send th	nis forn	n and supporting documentation to:				
Mail: Email:	_	Community College, Student Accounts Office - B151, 1700 Spartan Drive, Elgin, IL 60123-7193 httaccounts@elgin.edu Fax: 847-214-7445				
amoun regulat and/or	t of find ions. D denial	this request, I understand: If I withdraw from a class or classes, I may no longer be eligible for the full ancial aid originally awarded. My aid may be reduced or removed completely based on federal and state uring the review of this appeal, the Committee will consider the financial implications of the approval of this appeal. Students that receive financial aid are strongly encouraged to visit the Financial Aid Office trawing from classes.				
Studen	t Signa	ture:				