Elgin Community College

# TUITION ADJUSTMENT APPEAL FORM
# 2026-2027

**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**

Appeal form and all required documentation must be submitted by the following deadlines:

- Summer term: August 31, 2026
- Fall term: December 31, 2026
- Spring term: May 31, 2027

*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 2026** ☐ **Fall 2026** ☐ **Spring 2027**

Course(s):_____

_____

**Check each box to confirm:**

- ☐ Make sure to withdraw from the impacted course(s) before submitting the TAAC appeal.
- ☐ Check the medical or family box below and complete as indicated.
- ☐ Attach appropriate documentation, along with a Student Written Statement as required and specified below. All documentation must be in English or translated into English. **Appeals without documentation will not be considered.**

**Select which qualifying event the student is submitting documentation for:**

☐ **Medical emergency**:

- **Definition:** Medical illness or injury occurring during the academic term which prevented the student from successfully completing their coursework.
- **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
- **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 the back of the form or attach documents as needed.

☐ **Family emergency**:

- **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.
- **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, a copy of the death certificate or obituary.
- **Student Written Statement:** In their own words, the student will explain their relationship to the family member and how their illness or death impacted the student's ability to successfully complete coursework. Use the back of the form or attach documents as needed.

**Send this form and supporting documentation to:**

**Mail:** Elgin Community College, Student Accounts Office - B151, 1700 Spartan Drive, Elgin, IL 60123-7193
**Email:** studentaccounts@elgin.edu **Fax:** 847-214-7445

☐ *By signing this request, I understand: If I withdraw from a class or classes, I may no longer be eligible for the full amount of financial aid originally awarded. My aid may be reduced or removed completely based on federal and state regulations. During the review of this appeal, the Committee will consider the financial implications of the approval and/or denial of this appeal.* ***Students that receive financial aid are strongly encouraged to visit the Financial Aid Office prior to withdrawing from classes.***

Student Signature:_____