



# NORTHEAST STATE

## Refund Appeal Form

**Return completed form to:** Business Manager  
Northeast State Technical Community College  
P.O. Box 246  
Blountville, TN 37617-0246

### For Student Use

**Complete the following:**

_____ Last Name	_____ First	_____ MI	_____ Date
_____ Street Address			_____ Student ID Number
_____ City	_____ State	_____ Zip Code	_____ Phone Number
Date of withdrawal: _____			Appeal Term (term, year): _____

**REASONS FOR CONTESTING REFUND POLICY:  
(PLEASE TYPE OR WRITE IN INK AND USE BACK OF FORM IF NEEDED).**

It is the student's responsibility to provide written documentation substantiating the reason(s) for the appeal. Withdrawals or reductions in course load due to personal illness/injury require a statement from a licensed medical physician stating withdrawal was necessary due to the health of the student. A death in the immediate family must be verified with a copy of the obituary. Immediate family includes spouse, child, step-child, parent, step-parent, foster parent, parent-in-law, sibling grandparents and grandchildren. Other reasons must be supported by written documentation.

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**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Business Office Use Only

Refund percentage applicable: \_\_\_\_\_

Business Manager Approval

**The refund percentage shown is for refundable fees in compliance with the Institutional Refund policy as approved by the Tennessee Board of Regents.**