

Name and address of student:

Date:

ID#:

Semester:

Dear \_\_\_\_\_ :

Your request for a refund/adjustment of financial liability has been carefully reviewed. In accordance with the college's stated policy, your request has been denied for the following reason(s):

\_\_\_\_\_ Your extenuating circumstances do not meet the requirements for a refund/adjustment of financial liability.

\_\_\_\_\_ The documentation of extenuating circumstances you supplied is inadequate.

\_\_\_\_\_ Your financial aid/student loan funds have already been disbursed for the semester in question and would have to be repaid or reduced if a refund or an adjustment was granted. Contact your campus Financial Aid Office if you require further assistance.

\_\_\_\_\_ You attended class(es) beyond the midpoint of the semester for which a refund/adjustment of financial liability is requested.

\_\_\_\_\_ You filed your request for a refund/adjustment of financial liability more than 30 days after the end of the semester of withdrawal.

\_\_\_\_\_ Comments \_\_\_\_\_

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Please be aware that since you are not eligible for a refund/adjustment of financial liability, you are responsible for payment of any outstanding balance currently owed the college.

I hope that you will soon be able to return to Suffolk County Community College to pursue your educational goals.

Sincerely,