

## Tuition Adjustment Request

This form is only to be used to request a tuition adjustment for course(s) dropped after the 100% refund period, when extenuating circumstances prevented you from dropping during one of the refund periods. You cannot request a tuition adjustment for a graded course.

Submission deadline dates are below. **Forms received after the deadline, and/or without all required documentation, including Representative signature as required, will not be reviewed.** We will email you at your student.cscs.edu address with the results of your request. Approval of this request is not guaranteed.

**Student Name:** \_\_\_\_\_  
*Form must be completed in black ink only.*

**Cougar ID:** \_\_\_\_\_  
*List Cougar ID# on all attachments.*

<b>Indicate the term and year for which you are requesting a tuition adjustment (one form per term):</b>		
<b>TERM</b>	<b>YEAR</b>	
<input type="checkbox"/> Autumn	_____	Deadline for submission – March 15 <sup>th</sup> of following year
<input type="checkbox"/> Spring	_____	Deadline for submission – September 15 <sup>th</sup> of same year
<input type="checkbox"/> Summer	_____	Deadline for submission – November 15 <sup>th</sup> of same year
<b>List Course Name and Number for which adjustment is being requested (please print clearly):</b>		
_____		
_____		
<b>Indicate each item completed and/or documents attached – ALL items MUST be completed prior to submission:</b>		
<input type="checkbox"/> Personal statement detailing why you were unable to drop course(s) within the Columbus State 100% or 50% refund period. <i>To the best of your ability, be specific in your explanation of circumstances and include dates of related events. If the circumstances surrounding your Tuition Adjustment Request are/were traumatic and you feel that writing about them in a personal statement would cause you distress, please provide as much information as possible without going into the details that would cause you to revisit the traumatic events. If you are in need of a referral to counseling or other resources you should contact Columbus State Counseling Services at 614-287-2818 or <a href="mailto:counselingservices@cscs.edu">counselingservices@cscs.edu</a>.</i>		
<input type="checkbox"/> Official supporting documentation. Examples of possible documentation may include: <ul style="list-style-type: none"> <li>▪ Physician, hospital, or Advocate statement verifying your personal statement.</li> <li>▪ Obituary of a member of your immediate family such as parent, step-parent, sibling, grandparent, stating your relationship to the deceased.</li> <li>▪ Copy of official orders for military active duty assignment to a different area, state or country.</li> <li>▪ Letter from an administrator, faculty member or staff member verifying a college error.</li> </ul>		
<b>Did you receive financial aid for the term you are requesting a tuition adjustment?</b>		
Please indicate if you have spoken with a Student Central advisor before submitting this request (this is strongly suggested since a refund of tuition can potentially result in owing back already disbursed financial aid). To consult with a Student Central Advisor, please open an online chat from the Columbus State financial aid web page, call 614-287-5353, or send an email to <a href="mailto:finaid@cscs.edu">finaid@cscs.edu</a> .		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

**Submit this completed form and all required documentation by email to [tarawforms@cscs.edu](mailto:tarawforms@cscs.edu) or in person to Student Central on the Columbus Campus or Student Services on the Delaware Campus. If you have questions, contact us at 614-287-5353.**

**Certification**

I understand, if my Tuition Adjustment is approved, the courses above will be treated as if they were never attempted for the specific semester. In the event I received financial aid to pay for these classes my eligibility will be recalculated based on my new amount of credit hours. This recalculation may require all or part of the financial aid funds I received to be returned and I may owe Columbus State thus preventing future registration or receipt of a transcript.

By my signature below I acknowledge that I am responsible for payment of any monies owed to the funding source and all information reported is complete and correct.

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date