Request for Tuition Liability Reduction

This completed form **MUST be uploaded** along with a **valid PHOTO ID** to the **Registrar's secure portal**. Printed out forms **WILL NOT** be accepted in person or through email.

EMPL ID:

Name: _____
Last **First** **M.I.**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: _____

Email: _____

Information provided will be used to update student's CUNYfirst account.

I am requesting a tuition reduction for the _____ term or session

Due to: ☐ Personal Tragedy ☐ Illness or Injury

1. Are you currently attending any class for the term or session you are requesting the reduction? ☐ Yes ☐ NO
   If the answer is Yes, STOP – Only petitions for full term or session withdrawals will be reviewed.
2. Did you receive an earned grade in any course for the term or session you are requesting the reduction? ☐ Yes ☐ NO
   *If the answer is Yes, **STOP** – Petitions with earned grades will not be reviewed*
3. Did you receive Financial Aid for the term or session you are requesting the reduction? ☐ Yes ☐ NO
4. Did you withdraw from any course(s) after the term or session deadline? ☐ Yes ☐ NO
   *If the answer is Yes, **STOP** – You must petition the Committee on Academic Policy and Standards to officially withdraw from the courses and attach the Committee's decision to this application.*
5. Did you receive an "INC", "FIN" or "WU" in any course? ☐ Yes ☐ NO
   *If the answer is Yes, **STOP** – You **MUST** petition the Committee on Academic Policy and Standards to officially withdraw from the courses and attach the Committee's decision to this application.*

For a Tuition Liability consideration, the following documents MUST be provided:

6a. Letter requesting tuition reduction which **MUST** include the reason for cancellation of tuition reduction.
6b. If applicable include: the Committee on Academic Policy and Standards **decision letter**.
6c. Documentation supporting your cancellation/reduction request. ***Examples***: *Medical documentation Birth Certificate, Death Certificate, Airline Tickets, Hotel receipts, etc.*
6d. Attendance letters **signed** by each instructor for each class registered during the term or session. Letter **MUST** include the last date of attendance. If you did not attend and you were assigned a WN grade, no letter of attendance is required for that specific class.

NOTE: Any application received without the supporting documentation (listed above - #6a-6d) will be denied for lack of required supporting corroboration.

7. **By signing this application**, the student agrees that a tuition liability reduction **WILL ONLY** be considered for a term or session for which they have completely withdrawn from **ALL** classes. **No partial** reductions will be considered.

Please be advised: Canceling courses and applying for tuition reduction does not guarantee approval of tuition reduction. The application and supporting documentation **MUST be UPLOADED** on or before the following dates: **June 30th** for **Summer session or Fall term** and **December 30th** for **Winter session or Spring term** of the academic year on which the student is applying for the reduction. If a Tuition Liability reduction is granted, the change in your registration status **MAY** affect your eligibility for Financial Aid. This reduction, due to granting of tuition reduction, **MAY** result in you being responsible to repay the Financial Aid awarded for said term or session.

IN ACCORDANCE TO CUNY POLICY, STUDENT FEES ARE NON-REFUNDABLE.

_____
Student Signature **Date**

YORK College CUNY The City University of New York

Name: _____ **EMPL ID:** _____

Enter the term or session for which reduction is requested: **or session**

Tuition Liability reductions **WILL ONLY** be considered for term or session which **ALL** courses were dropped or student withdrew from **ALL** courses with a '**W**' grade. Partial reductions **WILL NOT** be considered for specific courses within a term or session.

- All decisions by the Tuition Liability Reduction Committee are **FINAL**.
- The Tuition Liability Committee's decision will be sent to the student's York College email account. If the student does not have a current York email, then notification will be mailed through US Postal system.
- The Office of the Registrar does not review nor make decisions on tuition liability reductions.
- Tuition liability reductions **WILL NOT** be considered for courses with earned grades of 'A+' through 'F', 'INC', 'P' and 'WU'.
- An application for a Tuition Liability reduction **DOES NOT** guarantee that a reduction will be approved. If approved a student may be required to payback financial aid received during the term. It is recommended that the student consult with the Financial Aid Office.
- Reductions are granted in extreme cases and only when there are documented and compelling reasons to grant an exception to York College's policies and/or procedures.
- Non-attendance, negligence of York College policies, employment issues, financial constraints, software and hardware problems, unsatisfied academic progress, lack of preparation and travel plans are **NOT** considered to be compelling reasons to grant an approval for tuition reduction.
- Timely submission of your application is a critical factor in the consideration for reduction. Applications **MUST be uploaded** on or before **June 30th for Summer session or Fall term** and **December 30th for Winter session or Spring term** of the academic year for the term or session of the request.
- It is the student's responsibility to **upload all required supporting documentation** along with the application and a copy of a **valid PHOTO ID** to the **Registrar's Secure Portal.** If required documentation is **NOT** submitted, the Tuition Liability Reduction Committee **WILL** deny the request.
- The Tuition Liability Committee normally meets **ONCE** a month during the months of October, November, December, March, April, May and June.
- Student is advised to keep all the documentation uploaded including this application for their records.

By signing this application, you certify that you have read and understand all statements listed above.

_____ _____

Student Signature **Date**

OFFICE USE

Staff Initials: _____ **Date:** _____ ☐ **Photo ID Checked**