

**COMMUNITY EDUCATION APPEAL FORM**

Community Education provides periods during which you may drop your course without question and receive a full refund. The appeal form is for use only when an unusual event makes it necessary for you to drop a course. Examples of such events are: severe illness, a change in your work schedule, an accident, or moving out of town. It is unfortunate that you were unable to complete the class you selected this term or drop it during the open drop period. We will gladly review and process your request for a refund if you will carefully read and fill out the form. Completion of the form does not guarantee the return of your registration fee. The Administrative Appeal form is forwarded to our appeal committee who approves or denies the request. You will receive a letter or e-mail approximately 3 weeks after the appeal is processed informing you of the decision. Any questions should be directed to Jennifer Mullis at the Community Education office, 352-395-5193.

This form is to use to request a refund for a class once the automatic refund period has passed. Please print, fill in the blanks legibly in pen, sign the document, and attach any additional information (doctor's note, etc.) then mail to the correct office:

Santa Fe College Community Education  
 Center for Innovation & Economic Development (CIED)  
 530 W. University Ave  
 Gainesville, Florida 32601

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby appeal to drop the following course(s) and receive a refund:**

Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Please list the reason(s) you are requesting a refund. Please understand that refunds are not automatic and that you may need to provide proof of an illness or job-related absence.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*The above information is true and accurate to the best of my knowledge. I understand that inaccuracies in this appeal can result in action taken on its being voided.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Disposition: (for office use only):  
 \_\_\_\_\_ A \_\_\_\_\_ D Date: \_\_\_\_\_ Comments: \_\_\_\_\_