

**Tuition Appeal for Military Deployment**

Students who must leave the college temporarily to complete a military assignment must meet with an Academic Counselor / School Certifying Official (SCO) in the Bedford of Lowell campus Advising Centers. The student must provide proof of deployment orders prior to being deployed. Once deployment documentation is reviewed, the student will fill out this form with the SCO.

Appeals submitted without supporting documentation will not be accepted.

**When completing this appeal form please make sure to:**

* Fill in all information requested on this form.
* Include a copy deployment documentation.
* Work with School Certifying Official to submit form and record last official day of attendance.

**Last Date of Attendance**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last date of attendance must be recorded for tuition appeal approval*

Student Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

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

Year: \_\_\_\_\_\_\_\_\_ Term: □ Fall □ Winter Session □ Spring □ Summer

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| --- | --- | --- | --- | --- |
|  | **Course Number** | **Section** | **Course Title** | **Instructor Name** |
| **Course 1:** |  |  |  |  |
| **Course 2:** |  |  |  |  |
| **Course 3:** |  |  |  |  |
| **Course 4:** |  |  |  |  |
| **Course 5:** |  |  |  |  |
| **Course 6:** |  |  |  |  |

***By signing below I acknowledge that the information and documents shared are true and accurate.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Signature Advisor / SCO Signature Date**